

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006441

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: JEFFERSON COUNTY EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

1490 WEST WASHINGTON ST  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

1490 WEST WASHINGTON ST  
MONTICELLO, FL 32344

**New Mailing Address:**

FEI Number: 32-0074462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIS, MARICA  
1490 WEST WASHINGTON ST  
MONTICELLO, FL 32344    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GRUBBS, JANA H  
Address: 4132 SOUTH JEFFERSON  
City-St-Zip: LAMONT, FL 32336

Title: VPD      ( ) Delete  
Name: DODSON, LEONARD  
Address: 1800 WILLOW ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: TD      ( ) Delete  
Name: ROANN, GLADYS  
Address: PO BOX 524  
City-St-Zip: MONTICELLO, FL 32305

Title: SD      (X) Delete  
Name: WILSON, HAL K  
Address: 1490 WEST WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANA H. GRUBBS

PD

07/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date