

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **N23826** (3)
1. Corporation Name
JEFFERSON ACADEMY, INC.

Principal Place of Business Mailing Address
1301 NORTH HIGHLAND AVENUE CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/01/1987** 3a. Date of Last Report **06/01/1994**
4. FEI Number **59-2877146** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MESMER, SANDY B.
1509 BONAIR STREET
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MESMER, SANDY B.
STREET ADDRESS	1509 BONAIR STREET
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	JOHNSON, SUZANNE
STREET ADDRESS	310 JEFFERSON AVE N
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	DUNHAM, DEBORAH
STREET ADDRESS	605 D. KEENE RD
CITY - ST - ZIP	CLEARWATER FL
TITLE	P, T, S, D
NAME	COOPER, SALLY
STREET ADDRESS	6 S. DUNCAN AVE.
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	D
NAME	JOHNSON, SUZANNE
STREET ADDRESS	2025 ROGERS ST. #112
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	D
NAME	HOGENSEN, EVA
STREET ADDRESS	2477 STAG RUN BLVD
CITY - ST - ZIP	CLEARWATER FL 34625

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HOGENSEN, PAUL
13 STREET ADDRESS	2477 STAG RUN BLVD
14 CITY - ST - ZIP	CLEARWATER FL 34625
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	COOPER, DALE
23 STREET ADDRESS	6 S. DUNCAN AVE.
24 CITY - ST - ZIP	CLEARWATER FL 34615
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HONKA, KATHERYN
33 STREET ADDRESS	902 PARK ST.
34 CITY - ST - ZIP	CLEARWATER FL 34616
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PAYNE, RANDY
43 STREET ADDRESS	514 N MISSOURI AV
44 CITY - ST - ZIP	CLEARWATER FL 34615
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne E. Johnson SUZANNE JOHNSON, April 28, 1995 813 446 5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)