

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25690

FILED
Mar 16, 2005
Secretary of State

Entity Name: JEFFERSON COUNTY SEMINOLE CLUB INC.

Current Principal Place of Business:

P.O BOX 79
MONTICELLO, FL 323450079 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 79
MONTICELLO, FL 323450079 US

New Mailing Address:

FEI Number: 59-2708332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRY, KATRINA
103 HUNTER LANE WEST
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

GUERRY, KATRINA
1030 S JEFFERSON ST
MONTICELLO, FL 32344 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUERRY, KATRINA
Address: 1030 S. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: JERGER, ANDREA
Address: 364 NURSERY ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SD () Delete
Name: CALHOUN, MARGARET
Address: 364 NURSERY ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: HANDLEY, DORI
Address: P O BOX 32
City-St-Zip: MONTICELLO, FL 32345

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

Title: VP () Change (X) Addition
Name: HUDSON, PAULA
Address: 94 DOVE LANE
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORI HANDLEY

TD

03/16/2005

Electronic Signature of Signing Officer or Director

Date