

1/4

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004194

1. Entity Name
JEFFERSON ARTS, INC.



FILED

04 JAN 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
575 W WASHINGTON ST
MONTICELLO, FL 32344 US

Mailing Address
PO BOX 1115
MONTICELLO, FL 32344 US



01142004 No Chg-NP CR2E037 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453990 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOON, WILLIAM G
970 E PEARL ST
MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600026988056
01/15/04--01011--004 **\$61.25

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MILLER, JUDY
STREET ADDRESS	240 W WASHINGTON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VD
NAME	VALDERRAMA, GAIL
STREET ADDRESS	322 DEER HAVEN
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	DAVIS, JANE K
STREET ADDRESS	4776 LAKE RD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	P
NAME	RISSMAN, SUSAN
STREET ADDRESS	PO BOX 206
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

See Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Division of Corporations

Annual Report

Page 1

Document Number
N98000004194
Business Entity Name
JEFFERSON ARTS, INC.

FEI Number
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title)
-or- RA Business Name
Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number
N9800004194

Business Entity Name
JEFFERSON ARTS, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

[Sunbiz Home Page](#)

[Public Access Help](#)