


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90027 029 \*\*\*\*61.25

DOCUMENT # N98000004194 1. Entity Name JEFFERSON ARTS, INC.	
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Principal Place of Business 575 W WASHINGTON ST MONTICELLO, FL 32344 US	Mailing Address PO BOX 1115 MONTICELLO, FL 32344 US
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3453990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, JUDY 240 W WASHINGTON STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VALDERRAMA, GAIL 322 DEER HAVEN MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JANE K <del>4776 LAKE RD</del> MONTICELLO, FL 32344 <i>Alice. Stadin 526 CLARK ROAD Monticello, FL 32344</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLAYTON, REBECCA 960 WATER STREET MONTICELLO, FL 32344
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 exemptions contained 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 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: Judy F. Miller Date: 2-9-07 Daytime Phone #: 997-2646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Judy F. Miller*