

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90848 036 ****61.25

DOCUMENT # N98000004194

1. Entity Name

JEFFERSON ARTS, INC.



Principal Place of Business

**575 W WASHINGTON ST
MONTICELLO FL 32344
US**

Mailing Address

**PO BOX 1115
MONTICELLO FL 32344
US**

10025815



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3453990**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **TD MILLER, JUDY**
STREET ADDRESS **240 W WASHINGTON STREET**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD VALDERRAMA, GAIL**
STREET ADDRESS **RT 3, BOX 226-3D**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS **322 Deen Haven**
CITY-ST-ZIP

TITLE Delete
NAME **TD ROSE, LINDA**
STREET ADDRESS **RT 4 BOX 40985**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD ROSE, LINDA**
STREET ADDRESS **RT 4, BOX 40985**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DAVIS, JANE K**
STREET ADDRESS **RT 4 BOX 40060**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS **4776 Lake Road**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Pres.** Change Addition
NAME **Susan Rissman**
STREET ADDRESS **P. O. Box 206**
CITY-ST-ZIP **Monticello FL 32345**

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: Judy Miller **JUDY F. Miller** 219-03 997-2646

CR2E037 (10/02)