

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703886

Entity Name: JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.**Current Principal Place of Business:**230 NORTH JEFFERSON ST
MONTICELLO, FL 32344**Current Mailing Address:**P.O. BOX 230
MONTICELLO, FL 32345 US**FEI Number:** 59-6153432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMS, JAY
THE KEEN ADAMS HOUSE
1335 EAST PEARL STREET
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:** JAY ADAMS

04/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	ADAMS, JAY
Address	THE KEEN ADAMS HOUSE 1335 EAST PEARL STREET
City-State-Zip:	MONTICELLO FL 32344
Title	VD
Name	CLARKE, MARY A
Address	4874 ASHVILLE HIGHWAY
City-State-Zip:	MONTICELLO FL 32344
Title	D
Name	CARSWELL, JACK M
Address	555 EAST WASHINGTON STREET
City-State-Zip:	MONTICELLO FL 32344
Title	D
Name	KIRKPATRICK, WILLIAM H
Address	340 EAST WASHINGTON STREET
City-State-Zip:	MONTICELLO FL 32344

Title	PD
Name	BRINSON, BEULAH
Address	2023 DILLS RD
City-State-Zip:	MONTICELLO FL 32344
Title	D
Name	AVERA, GRETCHEN
Address	AVERA CLARKE HOUSE 580 WEST WASHINGTON STREET
City-State-Zip:	MONTICELLO FL 32344
Title	D
Name	CULBREATH, BARBARA C
Address	692 WESTERLEA PLACE
City-State-Zip:	MONTICELLO FL 32344
Title	D
Name	LITTLE, NICKI
Address	P.O. BOX 230
City-State-Zip:	MONTICELLO FL 32345

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JAY ADAMS**TREASURER AND
DIRECTOR**

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D, SECRETARY
Name	MCRAE, CLAUDETTE
Address	P.O. BOX 16
City-State-Zip:	MONTICELLO FL 32345-0016