

2019 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 496
MONTICELLO, FL 32345 US

FEI Number: 59-6153432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C LUTHER PICKELS & ASSOCIATES LLC
990 S JEFFERSON 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: LINDA WEBB CPA

03/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BRINSON, BEULAH
Address 2023 DILLS RD
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 AVERA, GRETCHEN
Address AVERA CLARKE HOUSE
580 WEST WASHINGTON STREET
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 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

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

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: CLAUDETTE MCRAE

SECRETARY

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date