

**2015 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

04/09/2015

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:** BEULAH BRINSON

PRESIDENT

04/09/2015

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