

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707474

**Entity Name:** JEFFERSON COUNTRY CLUB, INC.

**Current Principal Place of Business:**

748 BOSTON HIGHWAY  
MONTICELLO, FL 32344

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**6436386258CC**

**Current Mailing Address:**

P.O. BOX 487  
MONTICELLO, FL 32345 US

**FEI Number: 59-1055425**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JORDAN, L R  
350 WILLOW ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            COLLINS, CLEVELAND  
Address        780 HORNE CEMETERY ROAD  
City-State-Zip: THOMASVILLE GA 31792

Title            VP  
Name            ISPHORING, TOM E  
Address        480 W. WASHINGTON ST.  
City-State-Zip: MONTICELLO FL 32344

Title            S/T  
Name            BEGGS, MAUREY  
Address        205 W. SEMINOLE AVE.  
City-State-Zip: MONTICELLO FL 32344

Title            DIRECTOR  
Name            GRAY, SEAN  
Address        4914 BOSTON HWY.  
City-State-Zip: MONTICELLO FL 32344

Title            DIRECTOR  
Name            TAYLOR, CLINTON  
Address        8022 WITCH BLVD.  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            BARNWELL, KEVIN  
Address        131 REICHDORFF ACRES  
City-State-Zip: MONTICELLO FL 32344

Title            DIRECTOR  
Name            GUNNELS, CASEY  
Address        1235 LAKE DR  
City-State-Zip: MONTICELLO FL 32344

Title            DIRECTOR  
Name            HAMRICK, JUSTIN  
Address        718 ASHVILLE HWY  
City-State-Zip: MONTICELLO FL 32344

**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: CLEVELAND COLLINS**

**PRES**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PURVIS, JAMES W IV  
Address        736 SW HARVEY GREEN DR  
City-State-Zip: MADISON FL 32340