

**2017 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**  
**Jan 27, 2017**  
**Secretary of State**  
**CC6363517010**

**Current Mailing Address:**

P.O. BOX 487  
MONTICELLO, FL 32345

**FEI Number: 59-1055425**

**Certificate of Status Desired: No**

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

JORDAN, L R  
748 BOSTON HIGHWAY  
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 VP  
Name DEMOTT, SCOTT ANDREW  
Address 585 PLUM ST  
City-State-Zip: MONTICELLO FL 32344

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

Title S/T  
Name DAVIS, BETH ANNE  
Address 1335 E. PEARL ST  
City-State-Zip: MONTICELLO FL 32344

Title P  
Name COLLINS, CLEE  
Address 780 HORNE CEMETARY RD  
City-State-Zip: THOMASVILLE GA 31792

Title OFFICER  
Name VASQUEZ, FRANK  
Address 250 HARTSFIELD RD  
City-State-Zip: MONTICELLO FL 32344

*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: BILL MCRAE**

**ADMINISTRATOR**

**01/27/2017**

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

\_\_\_\_\_  
Date