

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011354

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC0232653360**

**Entity Name:** JEFFERSON COUNTY MERCHANTS ASSOCIATION, INC

**Current Principal Place of Business:**

398 WILLOW POND ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

398 WILLOW POND ROAD  
MONTICELLO, FL 32344

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SIMPSON, CLYDE B  
398 WILLOW POND ROAD  
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 D  
Name SIMPSON, CLYDE B  
Address 217 WILLOW POND ROAD  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name BESHEARS, FRED  
Address 52 NACOOSA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name HANKS, CARL  
Address 375 N. SUNSET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name KUNDRA, ARUN  
Address 2716 GAMBLE RD  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name LOVE, THOMAS W  
Address 845 S. WAUKEENAH STREET  
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: CLYDE SIMPSON**

**D**

**04/30/2013**

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

\_\_\_\_\_  
Date