

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003669

Entity Name: JEFFERSON LONGRIFLES, INC.

Current Principal Place of Business:

1402 ATTAPULGUS-WHIGHAM RD
WHIGHAM, GA 39897

Current Mailing Address:

P.O. BOX 21348
TALLAHASSEE, FL 32316

FEI Number: 59-3263986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, DAVE
2409 MEXIA AVE
TALLAHASSEE, FL 32304 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 P
Name WINANS, JAN
Address 2945 SPINAKER CT
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name WHITT, ROGER
Address 8021 ARCHER CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title T
Name ASHE, DUANE A
Address 1402 ATTAPULGUS-WHIGHAM RD
City-State-Zip: WHIGHAM GA 32398

Title S
Name DOD, RONALD
Address 8725 MINNOW CREEK RD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name MORRIS, KENNETH
Address P.O. BOX 182709
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR
Name TEHAN, GARY
Address 2024 PLANTATION FOREST DR
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name ANDERSON, DAVE
Address 2409 MEXIA AVE.
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name PRYOR, ROBERT
Address 6667 LANDOVER CIR
City-State-Zip: TALLAHASSEE FL 32317

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: DUANE A ASHE

TREASURER

02/23/2014

Electronic Signature of Signing Officer/Director Detail

Date