

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703886

FILED
Apr 09, 2004
Secretary of State

Entity Name: JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

N JEFFERSON ST
MONTICELLO, FL 32345 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 496
MONTICELLO, FL 32345 US

New Mailing Address:

FEI Number: 59-6153432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, BIRNEY
1672 EAST WASHINGTON STREET
P.O BOX 335
MONTICELLO, FL 32345 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LINN, BIRNEY
Address: HWY 908, P.O. BOX 335
City-St-Zip: MONTICELLO, FL 32345

Title: SD () Delete
Name: DARY LENE, CONNTS
Address: P.O. BOX 401
City-St-Zip: MONTICELLO, FL 32345

Title: PD () Delete
Name: COUNTS, BILL
Address: PO BOX 401
City-St-Zip: MONTICELLO, FL 32345

Title: VD () Delete
Name: BRINSON, BEULAH
Address: RT 2 BOX 140
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COUNTS, DEE
Address: P.O. BOX 401
City-St-Zip: MONTICELLO, FL 32345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BIRNEY LINN

TD

04/09/2004

Electronic Signature of Signing Officer or Director

Date