

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 036 ****66.25

DOCUMENT # 703886
 1. Entity Name
JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.



Principal Place of Business Mailing Address
N JEFFERSON ST **P.O BOX 496**
MONTICELLO FL 32345 **MONTICELLO FL 32345**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-6153432** Applied For
 Not Applicable

Zip Country Zip Country
32344 **32344**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LINN, BIRNEY
1672 EAST WASHINGTON STREET
P.O BOX 335
MONTICELLO FL 32345

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	LINN, BIRNEY	
STREET ADDRESS	HWY 908, P.O. BOX 335	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COUNTS, DEE	
STREET ADDRESS	P.O. BOX 401	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUNTS, BILL	
STREET ADDRESS	PO BOX 401	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRINSON, BEULAH	
STREET ADDRESS	RT 2 BOX 140	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl G. Hoover* EARL G. HOOPER TREASURER 3/6/2006 (850) 997