

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703886

FILED
Apr 28, 2009
Secretary of State

Entity Name: JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

N JEFFERSON ST
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

N JEFFERSON ST
MONTICELLO, FL 32344 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 32344 US

Name and Address of New Registered Agent:

LEINBACK, BRUCE A
1820 MICCOSUKEE COMMONS DR
TALLAHASSEE, FL 32308 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: BRUCE A. LEINBACK

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HOGLE, ELIZABETH
Address: 205 N RHODES ST
City-St-Zip: MONTICELLO, FL 32344

Title: SD () Delete
Name: TERZIS, LEE
Address: 1155 E PEARL ST
City-St-Zip: MONTICELLO, FL 32344

Title: PD () Delete
Name: BRINSON, BEULAH
Address: 2023 DILLS RD
City-St-Zip: MONTICELLO, FL 32344

Title: VD (X) Delete
Name: LEINBACK, BRUCE
Address: 560 WAUKEENAH HWY
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LEINBACK, BRUCE A
Address: 1820 MICCOSUKEE COMMONS DR
City-St-Zip: TALLAHASSEE, FL 32308

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 exemption stated in Chapter 119, 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: BRUCE A. LEINBACK

VD

04/28/2009

Electronic Signature of Signing Officer or Director

Date