

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703886

FILED  
Apr 27, 2012  
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:**

LEINBACK, BRUCE A  
1820 MICCOSUKEE COMMONS DR  
TALLAHASSEE, FL 32308 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: SD  
Name: LEINBACK, LINDA  
Address: 560 WAUKEENAH HIGHWAY  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: LEINBACK, BRUCE A  
Address: 1820 MICCOSUKEE COMMONS DR  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: VD  
Name: CLARKE, MARY A  
Address: 4874 ASHVILLE HIGHWAY  
City-St-Zip: MONTICELLO, FL 32344

Title: TD  
Name: BESHEARS, CHRISTI  
Address: 1105 DILLS ROAD  
City-St-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: BRUCE A. LEINBACK

D

04/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date