

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 744402

1. Entity Name
JEFFERSON SENIOR CITIZEN CENTER, INC.



Principal Place of Business
**1155 N JEFFERSON ST
MONTICELLO, FL 32344 US**

Mailing Address
**1155 N JEFFERSON ST
MONTICELLO, FL 32344 US**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2015689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PITTMAN, GEORGE
450 MARVIN STREET
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITSON, RUBY
RTE 4 BOX 4129
MONTICELLO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
KREBS, BOBBIE
1155 N JEFFERSON ST
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EARLY, JOE
1240 E. CLARK ST
MONTICELLO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PITTMAN, GEORGE
450 MARVIN ST
MONTICELLO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
BROOKINS, JIMMIE
RT 2 BOX 27-AA
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-07