


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008411	
1. Entity Name JEMCS, INC.	

Principal Place of Business DEPARTMENT OF ENGLISH FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306	Mailing Address DEPARTMENT OF ENGLISH FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3687540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BOEHRER, BRUCE 202-9 JOHNS DR. TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOEHRER, BRUCE 202-9 JOHN DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VITKUS, DANIEL 910 LASSWADE DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/10/05-80005-008 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* (Bruce Bohrer) 1/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #