

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90032 011 ****61.25

DOCUMENT # N02000006441					
1. Entity Name JEFFERSON COUNTY EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 1490 WEST WASHINGTON ST MONTICELLO, FL 32344			Mailing Address 1490 WEST WASHINGTON ST MONTICELLO, FL 32344		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08252008 Chg-NP CR2E037 (12/06)	
4. FEI Number 32-0074462				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, HAL K 1490 WEST WASHINGTON ST MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name <u>MARCIA WILLIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1490 WEST WASHINGTON ST.</u> City <u>MONTICELLO,</u> FL Zip Code <u>32344</u>		
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 <u>Marcia Willis</u> DATE <u>8/27/2008</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME GRUBBS, JANA H	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4132 SOUTH JEFFERSON	CITY - ST - ZIP LAMONT, FL 32336		NAME	STREET ADDRESS VPD LEONARD DODSON 1300 WILLOW ROAD MONTICELLO, FL 32344	
TITLE VPD	NAME WARD, DAVID	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1125 LAKE DRIVE	CITY - ST - ZIP MONTICELLO, FL 32344		NAME	STREET ADDRESS SD 1490 WEST WASHINGTON ST. MONTICELLO, FL 32344	
TITLE TD	NAME ROANN, GLADYS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 524	CITY - ST - ZIP MONTICELLO, FL 32305		NAME	STREET ADDRESS SD 1490 WEST WASHINGTON ST. MONTICELLO, FL 32344	
TITLE SD	NAME WILSON, HAL K	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1490 WEST WASHINGTON ST	CITY - ST - ZIP MONTICELLO, FL 32344		NAME	STREET ADDRESS SD 1490 WEST WASHINGTON ST. MONTICELLO, FL 32344	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		NAME	STREET ADDRESS	
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 like empowered.					
SIGNATURE: <u>Jana H. Grubbs, Pres.</u>			Date <u>8-28-08</u> Daytime Phone # <u>850-997-2644</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					