


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23826 (3)</b> 1. Corporation Name <b>JEFFERSON ACADEMY, INC.</b>					
Principal Place of Business <b>1301 NORTH HIGHLAND AVENUE CLEARWATER FL 34615</b>			Mailing Address <b>1301 NORTH HIGHLAND AVENUE CLEARWATER FL 34615-3416</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/01/1987</b> 3a. Date of Last Report <b>01/31/1996</b>	
4. FEI Number <b>59-2877146</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MESMER, SANDY B. 1509 BONAIR STREET CLEARWATER FL 34615</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MOGENSEN, PAUL</b>	1.2 NAME			
STREET ADDRESS	<b>2477 STAG RUN BLVD</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COOPER, DALE</b>	2.2 NAME			
STREET ADDRESS	<b>6 SOUTH DUNCAN AVE</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HONKA, KATHERYN</b>	3.2 NAME			
STREET ADDRESS	<b>902 PARK STREET</b>	3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP			
TITLE	PTSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COOPER, SALLY</b>	4.2 NAME			
STREET ADDRESS	<b>6 SOUTH DUNCAN AVENUE</b>	4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JOHNSON, SUZANNE</b>	5.2 NAME			
STREET ADDRESS	<b>2025 ROGERS ST #112</b>	5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MOGENSEN, EVA</b>	6.2 NAME			
STREET ADDRESS	<b>2477 STAG RUN BLVD</b>	6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>	6.4 CITY-ST-ZIP			



14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)