

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25690

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: JEFFERSON COUNTY SEMINOLE CLUB INC.

**Current Principal Place of Business:**

P.O BOX 79  
MONTICELLO, FL 323450079 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 79  
MONTICELLO, FL 323450079 US

**New Mailing Address:**

FEI Number: 59-2708332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUERRY, KATRINA  
103 HUNTER LANE WEST  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

GUERRY, KATRINA  
1030 S JEFFERSON ST  
MONTICELLO, FL 32344 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUERRY, KATRINA  
Address: 1030 S. JEFFERSON ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: TD ( ) Delete  
Name: JERGER, ANDREA  
Address: 364 NURSERY ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: SD ( ) Delete  
Name: CALHOUN, MARGARET  
Address: 364 NURSERY ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HANDLEY, DORI  
Address: P O BOX 32  
City-St-Zip: MONTICELLO, FL 32345

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HUDSON, PAULA  
Address: 94 DOVE LANE  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DORI HANDLEY

TD

03/16/2005

Electronic Signature of Signing Officer or Director

Date