

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25690

FILED  
Jun 27, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

COLLINS, DORI H  
2310 SIMPSON RD  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TAYLOR, SUSAN  
Address: 1295 RIDGE RD  
City-St-Zip: MONTICELLO, FL 32344

Title: TD ( ) Delete  
Name: COLLINS, DORI H  
Address: 2310 SIMPSON RD  
City-St-Zip: MONTICELLO, FL 32344

Title: SD ( ) Delete  
Name: MESSER, JAMES  
Address: POB 135  
City-St-Zip: MONTICELLO, FL 32345

Title: VP ( ) Delete  
Name: TAYLOR, DANNY  
Address: 1295 RIDGE RD  
City-St-Zip: MONTICELLO, FL 32344

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 COLLINS

TD

06/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date