

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003669 (8)

1. Corporation Name

JEFFERSON LONGRIFLE MILITIA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 14073
TALLAHASSEE FL 32302P.O. BOX 14073
TALLAHASSEE FL 32317-40733. Date Incorporated or Qualified
07/25/19943a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3263986

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLAIN, STEPHEN E
ROUTE 2, BOX 4952
CRAWFORDVILLE FL 32327

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCLAIR, STEVE	
STREET ADDRESS	911 REHWINKLE RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PICKETT, SCOTT	
STREET ADDRESS	6164 WILLIAMS RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAVE	
STREET ADDRESS	2409 MEXIA AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAN	
STREET ADDRESS	2945 SPICAKER CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, JAMES	
STREET ADDRESS	2992 LAKE BRADFORD RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEHAN, GARY	
STREET ADDRESS	2024 PLANTATION FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY TEHAN	
1.3 STREET ADDRESS	2024 PLANTATION FOREST DR	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENI BLOOMQUIST	
2.3 STREET ADDRESS	1053 TALLAHASSEE TR.	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVE ANDERSON	
4.3 STREET ADDRESS	2409 MEXIA AVE	
4.4 CITY-ST-ZIP	TALLAHASSEE FL 32304	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT PRYOR	
5.3 STREET ADDRESS	6667 HANOVER CIRCLE	
5.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN SHAFFER	
6.3 STREET ADDRESS	8031 BUCKLAKE RD	
6.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	

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.

SIGNATURE: Dave Anderson S-5-97 414-7618

CR2E037 (9/96)