

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90022 003 ****61.25

DOCUMENT # N94000003669

1. Corporation Name

JEFFERSON LONGRIFLE MILITIA, INC.

Principal Place of Business

P.O. BOX 14073
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 14073
TALLAHASSEE FL 32302



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/25/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3263986

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 ☐ DELETE
NAME **P**
STREET ADDRESS **TEHAN, GARY**
CITY-ST-ZIP **2024 PLANTATION FOREST DR**
TALLAHASSEE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **ASHE, DUANE A**
1.4 CITY-ST-ZIP **5084 LOUVENIA DR**
Tallahassee, FL 32311

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **ASHE, DUANE A**
CITY-ST-ZIP **5084 LOUVENIA DR**
TALLAHASSEE FL 32311

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP James B. Jackson**
2.3 STREET ADDRESS **PO Box 4335**
2.4 CITY-ST-ZIP **Tallahassee, FL 32315**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **ANDERSON, DAVE**
CITY-ST-ZIP **2409 MEXIA AVE.**
TALLAHASSEE FL 32304

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **Beth Bloomquist**
3.4 CITY-ST-ZIP **1053 Tallavanna Tr.**
Havanna, FL 32333

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **ANDERSON, DAVE**
CITY-ST-ZIP **2409 MEXIA AVE.**
TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PRYOR, ROBERT**
CITY-ST-ZIP **6667 HANDOVER CIR.**
TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHAFFER, JOHN**
CITY-ST-ZIP **8031 BUCKLAKE RD**
TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *David Anderson* **5-6-99** **414-7618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)