2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N94000003669

Entity Name: JEFFERSON LONGRIFLES, INC.

Current Principal Place of Business:

P.O. BOX 14073
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14073
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3263986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DAVE
2409 MEXIA AVE
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: SHAFFER, JACKIE
Address: 446 GREEN OAKD RD
City-St-Zip: HAVANNA, FL 32333

Title: VP ( ) Delete
Name: PRYOR, ROBERT
Address: 6667 LANDOVER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete
Name: ANDERSON, DAVE
Address: 2409 MEXIA AVE.
City-St-Zip: TALLAHASSEE, FL 32304

Title: S ( ) Delete
Name: BLOOMQUIST, BETH
Address: 1242 TALLAVANNA TR
City-St-Zip: HAVANNA, FL 32333

Title: D ( ) Delete
Name: WILSON, WILLIAM
Address: 6974 TOWER RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: POWELL, CHARLIE
Address: 76 BARNES 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: S (X) Change ( ) Addition
Name: POWELL, PATTI
Address: 76 BARNES RD.
City-St-Zip: MONTICELLO, FL 32344

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 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: DAVE ANDERSON T 04/28/2004
Electronic Signature of Signing Officer or Director Date