

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003669

FILED
Feb 23, 2007
Secretary of State

Entity Name: JEFFERSON LONGRIFLES, INC.

Current Principal Place of Business:

P.O. BOX 14073
TALLAHASSEE, FL 32302

New Principal Place of Business:

6974 TOWER RD.
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 14073
TALLAHASSEE, FL 32302

New Mailing Address:

P.O. BOX 14073
TALLAHASSEE, FL 32317

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: IKENBERRY, DAVID
Address: 1441 MANOR HOUSE DR.
City-St-Zip: TALLAHASSEE, FL 32312

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: MORRIS, KATHY
Address: 2301 ALDER DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BLOOMQUIST, DENI
Address: 1242 TALLAVANA TRAIL
City-St-Zip: HAVANNA, FL 32333

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

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
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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 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: DAVE ANDERSON

TREA

02/23/2007

Electronic Signature of Signing Officer or Director

Date