

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003669

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: JEFFERSON LONGRIFLES, INC.

## Current Principal Place of Business:

6974 TOWER RD.  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14073  
TALLAHASSEE, FL 32317

## 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: 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: S (X) Change ( ) Addition  
Name: DOD, RONALD  
Address: 8725 MINNOW CREEK DR.  
City-St-Zip: TALLAHASSEE, FL 32312

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: DAVE ANDERSON

T

02/18/2008

Electronic Signature of Signing Officer or Director

Date