

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003669

FILED  
Jan 12, 2010  
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:**

P.O. BOX 21348  
TALLAHASSEE, FL 32316

**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  
Name: ASHE, DUANE  
Address: 1402 ATTAPULGUS-WHIGHAM RD  
City-St-Zip: WHIGHAM, GA 3239897

Title: VP  
Name: WHITT, ROGER  
Address: 8021 ARCHER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: S  
Name: DOD, RONALD  
Address: 8725 MINNOW CREEK DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: PRYOR, ROBERT  
Address: 6667 LANDOVER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D  
Name: MORRIS, KENNETH  
Address: 2301 ALDER DR.  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: DAVE ANDERSON

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01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date