

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 029 ****61.25

DOCUMENT # N98000004194

1. Entity Name
JEFFERSON ARTS, INC.



Principal Place of Business
**575 W WASHINGTON ST
MONTICELLO, FL 32344 US**

Mailing Address
**PO BOX 1115
MONTICELLO, FL 32344 US**

60018272



02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOON, WILLIAM G
970 E PEARL ST
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MILLER, JUDY
240 W WASHINGTON STREET
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
VALDERRAMA, GAIL
322 DEER HAVEN
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, JANE K
4776 LAKE RD
MONTICELLO, FL 32344** *Alice. Stadin
526 CLARK Road
Monticello, FL 32344*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CLAYTON, REBECCA
960 WATER STREET
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07

Date

997-2646

Daytime Phone #

Judy F. Miller