

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90020 002 \*\*\*\*61.25

<b>DOCUMENT # N98000004194</b> 1. Entity Name <b>JEFFERSON ARTS, INC.</b>					
Principal Place of Business <b>575 W WASHINGTON ST</b> <b>MONTICELLO, FL 32344 US</b>			Mailing Address <b>PO BOX 1115</b> <b>MONTICELLO, FL 32344 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
4. FEI Number <b>59-3453990</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>MOON, WILLIAM G</b> <b>970 E PEARL ST</b> <b>MONTICELLO, FL 32344</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, JUDY 240 W WASHINGTON STREET MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VALDERRAMA, GAIL 322 DEER HAVEN MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STADIN, ALICE 526 CLARK ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLAYTON, REBECCA 960 WATER STREET MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	v/p Susan Rissman P.O. Box 206 Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Teresa Kessler 1715 Casa Bianca Rd Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Judy F. Miller</i> <span style="float: right;">1-15-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					