

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003669

Entity Name: JEFFERSON LONGRIFLES, INC.**Current Principal Place of Business:**1402 ATTAPULGUS-WHIGHAM RD
WHIGHAM, GA 39897**Current Mailing Address:**P.O. BOX 21348
TALLAHASSEE, FL 32316**FEI Number: 59-3263986****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, DAVE
2409 MEXIA AVE
TALLAHASSEE, FL 32304 US*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

Officer/Director Detail :

Title P
Name WINANS, JAN
Address 2945 SPINAKER CT
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name CHAPIN, TRAVIS
Address P.O. BOX 21348
City-State-Zip: TALLAHASSEE FL 32316

Title T
Name ASHE, DUANE A
Address 1402 ATTAPULGUS-WHIGHAM RD
City-State-Zip: WHIGHAM GA 32398

Title S
Name ANDERSON, DAVE
Address 2409 MEXIA AVE
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name PRYOR, ROBERT
Address 6667 LANDOVER CIR
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name BURTON, TIM
Address P.O. BOX 21348
City-State-Zip: TALLAHASSEE FL 32316

Title DIRECTOR
Name REYNOLDS, WENDY
Address P.O. BOX 21348
City-State-Zip: TALLAHASSEE FL 32316

Title DIRECTOR
Name MCMULLEN, KRISTA
Address P.O. BOX 21348
City-State-Zip: TALLAHASSEE FL 32316

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: DUANE ASHE**TREASURER****02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date