

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:38

DOCUMENT # 710506 (7)

1. Corporation Name

CHRISTMAS CIVIC ASSOCIATION, INC

Principal Place of Business

23780 E HWY 50
P.O. BOX 473
CHRISTMAS FL 32709-7473

Mailing Address

23780 E HWY 50
P.O. BOX 473
CHRISTMAS FL 32709-7473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1966

3a. Date of Last Report

04/20/1994

4. FEI Number

23-7372952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, CECIL A., II
23,300 FT. CHRISTMAS RD
CHRISTMAS FL 32709

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

TRUEX, JOSEPH

STREET ADDRESS

24430 NETTLES RD

CITY - ST - ZIP

CHRISTMAS FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

VICKERY, MARGARET

STREET ADDRESS

P.O. BOX 142 N/A

CITY - ST - ZIP

CHRISTMAS FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

VD

NAME

CLARK, SAM

STREET ADDRESS

P.O. BOX 47 N/A

CITY - ST - ZIP

CHRISTMAS FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

D

NAME

JAMES, JACK

STREET ADDRESS

351 S FT CHRISTMAS RD

CITY - ST - ZIP

CHRISTMAS FL

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

S

NAME

WOODS, DELORES

STREET ADDRESS

P.O. BOX 28 N/A

CITY - ST - ZIP

CHRISTMAS FL

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

TD

NAME

WALTER, JANIS

STREET ADDRESS

1855 TAYLOR CREEK ROAD

CITY - ST - ZIP

CHRISTMAS FL

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janis M. Walter JANIS M. WALTER

3-24-95

407-568-2097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #