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02-08-1999 90056 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710506

1. Corporation Name
CHRISTMAS CIVIC ASSOCIATION,INC

Principal Place of Business	Mailing Address
23760 E HWY 50 P.O. BOX 473 CHRISTMAS FL 32709-7473	23760 E HWY 50 P.O. BOX 473 CHRISTMAS FL 32709-7473

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/11/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7372952 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUEX, JOSEPH		1.2 NAME		
STREET ADDRESS	24430 NETTLES RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VICKERY, MARGARET		2.2 NAME		
STREET ADDRESS	P.O. BOX 142 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUGOS, JAMES		3.2 NAME		
STREET ADDRESS	P.O BOX 116 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, JACK		4.2 NAME		
STREET ADDRESS	351 S FT CHRISTMAS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, DELORES		5.2 NAME		
STREET ADDRESS	P.O. BOX 28 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALTER, JANIS		6.2 NAME		
STREET ADDRESS	1855 TAYLOR CREEK ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/99 407-568-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)