2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90436 027 ****75.00

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DOCUMENT # 710506

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7372952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRUEX, JOSEPH 24430 NETTLES ROAD CHRISTMAS FL 32709	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEAGLES, BOBBY 21302 FT CHRISTMAS ROAD CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES JACK 3515 FT CHRISTMAS RD CHRISTMAS FL 32709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIDD, JANE P O BOX 734 CHRISTMAS FL 32709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WOODS DELORES P.O. Box 28 CHRISTMAS FL 32709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAGG, KAY 238 FT CHRISTMAS RD CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEALY, STEVE 21241 REINDEER RD CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, CECIL 23300 FT CHRISTMAS RD CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLESON, BOB 1236 ST CATHERINE AVE CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: JOSEPH E TRUEX SR SIGNATURE REQUIRED 4-03-02 407 568-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #