2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 710506

Entity Name: CHRISTMAS CIVIC ASSOCIATION,INC

Current Principal Place of Business:

23760 E HWY 50
CHRISTMAS, FL 327097473

New Principal Place of Business:

Current Mailing Address:

23760 E HWY 50
P.O. BOX 473
CHRISTMAS, FL 327097473

New Mailing Address:

FEI Number: 23-7372952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEAGLES, BOBBY
21302 FT CHRISTMAS ROAD
CHRISTMAS, FL 32709 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BEAGLES, BOBBY	
Address:	21302 FT CHRISTMAS ROAD	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	D	( ) Delete
Name:	JACK, JAMES	
Address:	3575 ET. CHRISTMAS RD	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	D	( ) Delete
Name:	BRAGG, KAY	
Address:	238 FT CHRISTMAS RD	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	VP	( ) Delete
Name:	HEALY, STEVE	
Address:	21241 REINDEER RD	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	S	( ) Delete
Name:	HAMILTON, REBECCA	
Address:	2726 ABNEY AVENUE	
City-St-Zip:	ORLANDO,, FL 32833	
Title:	T	( ) Delete
Name:	CARR, DEBORAH J	
Address:	1077 JUNIPER DRIVE P O BOX 386	
City-St-Zip:	CHRISTMAS, FL 32709	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH J CARR T 04/29/2008

Electronic Signature of Signing Officer or Director — Date