


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N04000006905


1. Entity Name
CHRISTMAS FOR CHILDREN, INC.



Principal Place of Business Mailing Address

1008 WILLA SPRINGS DR STE 100 **P.O. BOX 941257**
WINTER SPRINGS, FL 32708 **MAITLAND, FL 32794**

DO NOT WRITE IN THIS SPACE



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1405407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHURM, WILLIAM H
1008 WILLA SPRINGS DR STE 100
WINTER SPRINGS, FL 32708

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHURM, WILLIAM H 1113 NORTHERN WAY WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDEN, JAMES C 1031 VIA MERANO CT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, JOEL C 471 SENECA TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 those empowered.

SIGNATURE: William H. Shurm **William H. Shurm 2/28/08 (407) 447-4488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #