NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500004073

1. Corporation Name

CHRISTMAS IN APRIL OF THE PALM REACHES, INC.

OF THE OF THE FACTOR OF THE							481597 - 90137 - 10				
Principal Place of Business Mailing Address							70139		.0		
470 COLUMBIA DR 470 COLUMBIA DR BLDG F BLDG F WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409											
Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed		_	_	
21		26					08/23/1995				
	Apt. #, etc.	Suite,	tpt. #, etc.				4. FEI Number		_ 	lied For	
22		27					65-0691732			Applicable	
City &	State	City &	State				5. Certifcate of Status Desired		\$8.75 Ac		
Ζiρ	Country	Zip		Country	1		6. Election Campaign Financing	П	\$5.00 h	vlay Be	
24	25	29	30)			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New R	legistered /	Agent		
				81	Nam	e					
SHEPPARD, JOHN R JR				82	82 Street Address (P.O. Box Number is Not Acceptable)					:	
500 AUSTRAILIAN AVE. SOUTH										···	
	FLOOR			83							
WEST PALM BEACH FL 33401					84 City FL 85 Zip Code					ode	
- ffica	uant to the provisions of Sections 617.0 or registered agent, or both, in the Stat. I am familiar with, and accept the oblining	te of Florida, Such gations of, Section	change was autr 617,0503, Florid	a Statutes	the co	rporati	on's board of directors. I hereby accepted when reinstating)	DATE	illibiii as ray		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D		☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	rreeman, roberta H			1.2 NAME		Ì					
STREET ADD	RESS 470 COLUMBIA DR BLDG F			1.3 STREE	TADDRE	SS					
CITY-ST-ZIP	WEST PALM BEACH FL 3340	9		1.4 CITY-5	T-ZIP						
TITLE	D		DELETE	2.1 TITLE					Change	☐ Addition	
NAME	AIKEN ANN			2.2 NAME							
STREET ADD	RESS 470 COLUMBIA DR BLDG F			2.3 STREE	ADDRE	ss					
CITY-ST-ZIP	WEST PALM BEACH FL			2. 4 CITY-	ST-ZIP	 -			Change	☐ Addition	
TITLE	D	☐ DELETE		3.1 TITLE					☐ Change	∐ Addition	
NAME	DORSEY, HEATHER			3.2 NAME							
STREET ADD				3.3 STREE		SS					
CITY-ST-ZIP	WEST PALM BEACH FL		DELETE	3.4. CITY-	ST-ZIP				Change	Addition	
TITLE	[T DEFEIF	4.1 TITLE			•		- ourninge		
NAME				4. 2 NAME							
STREET ADD	RESS			4.3 STREE		55					
L CITY CT. 7ID	1			■ 44 CitY.9	ii-ZP	1					

CITY-ST-ZIP 14. 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

Change

May 04, 1999 8:00 am § Secretary of State

05-04-1999 90137 010 ****70.00

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☐ Addition

☐ Addition

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