2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

FILED Apr 16, 2006 Secretary of State

Entity Name: CHILDREN'S CHRISTMAS PARTY OF JACKSONVILLE, INC.

Current Principal Place of Business:			New F	New Principal Place of Business:		
2217 MILLER OAKS DR NORTH JACKSONVILLE, FL 32217			1400	225 WATER STREET 1400 JACKSONVILLE, FL 32202		
Current Mailing Address:			New I	New Mailing Address:		
2217 MILLER OAKS DR NORTH JACKSONVILLE, FL 32217			1400	225 WATER STREET 1400 JACKSONVILLE, FL 32202		
El Number	: 59-3611757	FEI Number Applied For ()	FEI Number Not	ot Applicable () Certificate of Status Desired (X)		
Name and	d Address of	Current Registered Agent:	Name	e and Address of New Registered Agent:		
STOREY, R TRAVIS 2217 MILLER OAKS DR NORTH JACKSONVILLE, FL 32217 US			225 W 1400 JACK	JACKSONVILLE, FL 32202 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of chang	nging its registered office or registered agent, or both,		
SIGNATUI	RE: PAMELA	A D. HARVEY, DIRECTOR		04/16/2006		
	Electro	nic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	CTORS:	ADDI"	ITIONS/CHANGES TO OFFICERS AND DIRECTO		
Fitle: Name: Address: City-St-Zip:	STOREY, R. T	OAKS DR NORTH	Title: Name: Address City-St-	ss:		
Title: Name: Address: Dity-St-Zip:	STOREY, MAR	OAKS DR NORTH	Title: Name: Address City-St-	ss:		
Fitle: Name: Address: City-St-Zip:	D (DAVIS, DON 9540 SAN JOS JACKSONVILL		Title: Name: Address City-St-	ss:		
Fitle: Name: Address: Dity-St-Zip:	D (ASBURY, TOM 707 PENISULA JACKSONVILL	AR PLACE	Title: Name: Address City-St-	•		
Fitle: Name: Address: Dity-St-Zip:	D (NOBLE, NANC 4306 PABLO (JACKSONVILL	DAKS COURT	Title: Name: Address City-St-	ss: 1652 NORTON HILL DRIVE		
「itle: √ame:	MARTIN, BOB) Delete BY SIDE AVENUE	Title: Name: Address	·		

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: PAMELA D. HARVEY D 04/16/2006