

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008121

**Entity Name:** ROCKIN' CHRISTMAS FUND, INC.

**Current Principal Place of Business:**

ATTN: CHUCK KNOX, CPA  
8191 COLLEGE PARKWAY #302  
FORT MYERS, FL 33919

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC5274109733**

**Current Mailing Address:**

ATTN: CHUCK KNOX, CPA  
8191 COLLEGE PARKWAY #302  
FORT MYERS, FL 33919

**FEI Number:** 47-1739634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF JASON R. MAUGHAN, P.A.  
1101 PERIWINKLE WAY  
SUITE 103  
SANIBEL, FL 33957 US

*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

**Officer/Director Detail :**

Title D  
Name WOLANIN, VINCENT  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name WOLANIN, ILLONA  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name WOLANIN, VICTORIA  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name WOLANIN, WHITNEY  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name EAGAN, MICHAEL  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name WOLANIN, GREGORY  
Address 8191 COLLEGE PARKWAY #302  
City-State-Zip: FORT MYERS FL 33919

*I hereby 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 all other like empowered.*

**SIGNATURE:** ILLONA M WOLANIN D 03/28/2017  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date