

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

FILED
Feb 27, 2018
Secretary of State
CC8882936676

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

Current Principal Place of Business:

825 MAPLETON TERRACE
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 5338
JACKSONVILLE, FL 32247

FEI Number: 59-3611757

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HALVERSON, DIANE
825 MAPLETON TERRACE
JACKSONVILLE, FL 32207 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 STOREY, R. TRAVIS
Address 2217 MILLER OAKS DR NORTH
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name HALVERSON, DIANE
Address 825 MAPLETON TERRACE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name PALMER, ERIC
Address 8922 CANOPY OAKS DRIVE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name EDWARDS, LAURA
Address 444 WORTH DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN
Name STRONG, TAD
Address 12786 CAMELLIA BAY DRIVE W
City-State-Zip: JACKSONVILLE FL 32223

Title TREASURER
Name NOBLE, NANCY
Address 53 1/2 ROSCOE BLVD N
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title IMMEDIATE PAST CHAIR
Name ROSE, CINDY
Address 11624 FALLING LEAF TRAIL
City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR
Name MCGEHEE, DAVID
Address 3300 PHILLIPS HWY
City-State-Zip: JACKSONVILLE FL 32207

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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: DIANE M. HALVERSON

EXECUTIVE DIRECTOR

02/27/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SELEVAN, RUSSELL
Address 4030 PHILLIPS HWY
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name LINDSEY, STRUBHAR
Address 500 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MARTIN, BOBBY
Address ONE RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PENNELLA, PETE
Address 601 RIVERSIDE AVE
FIS
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BANKS, SHARON
Address 3701 WINTON AVE
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name LAMER, JOAN
Address PO BOX 5338
City-State-Zip: JACKSONVILLE FL 32247-5338

Title DIRECTOR
Name STOREY, MARGARET
Address 2217 MILLER OAKS
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name CHUA, NATHALIE
Address 10151 DEERWOOD PARK BLVD
BLDG 200, STE 400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SELEVAN, FRAN
Address 4030 PHILLIPS HWY
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name BARRETT, MARTHA
Address 50 LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WHITE, ROBERT
Address 1000 RIVERSIDE AVE #800
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name KERSCH, MICHELLE
Address 601 RIVERSIDE AVE
BLACK KNIGHT
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BREARLEY, DEIDRE
Address 111 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GAFFNEY, TRACY
Address 4 BROADCAST PLACE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name CROMWELL, TIM
Address 4320 DEERWOOD LAKE PKWY
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name DIAL-WILSON, CRYSTAL
Address P.O. BOX 5338
City-State-Zip: JACKSONVILLE FL 32247