

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2016
Secretary of State
CC8051419182

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 ROSE, CINDY
Address 11624 FALLING LEAF TRAIL
City-State-Zip: JACKSONVILLE FL 32258

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

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

DIRECTOR

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date