

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

**FILED
Mar 19, 2013
Secretary of State
CC2569336960**

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

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

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

Title D
Name HARVEY, PAMELA
Address 14690 STARRATT CREEK DR
City-State-Zip: JACKSONVILLE FL 32226

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

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

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date