2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

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

FILED
Mar 25, 2020
Secretary of State
8205336574CC

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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title DIRECTOR

Name STOREY, R. TRAVIS Name HALVERSON, DIANE

Address 1031 1ST STREET SO. Address 825 MAPLETON TERRACE

1002

JACKSONVILLE FL 32250

JACKSONVILLE FL 32258

Title DIRECTOR

Title DIRECTOR

Name PALMER, ERIC Name EDWARDS, LAURA

Address 444 WORTH DRIVE

Address 8922 CANOPY OAKS DRIVE City-State-Zip: JACKSONVILLE FL 32207

City-State-Zip: JACKSONVILLE FL 32256

Title IMMEDIATE PAST CHAIR

Title DIRECTOR

Name NOBLE, NANG

Name NOBLE, NANCY

Address 12786 CAMELLIA BAY DRIVE W Address 241 HIDDEN DUNE CT.

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR

Name MCGEHEE, DAVID
Name ROSE, CINDY

Address 3300 PHILLIPS HWY

Address 11624 FALLING LEAF TRAIL

City-State-Zip: JACKSONVILLE FL 32207

Continues on page 2

City-State-Zip:

JACKSONVILLE FL 32207

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 HALVERSON EXECUTIVE DIRECTOR 03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SELEVAN, RUSSELL
 Name
 SELEVAN, FRAN

Address 12901 FLAGLER CENTER BLVD Address 12901 FLAGLER CENTER BLVD.

City-State-Zip: JACKSONVILLE FL 32258

City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR Title DIRECTOR

NameLINDSEY, STRUBHARNameBARRETT, MARTHAAddress500 WATER STREETAddress50 LAURA STREET

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

TitleDIRECTORTitleDIRECTORNameMARTIN, BOBBYNameWHITE, ROBERT

Address ONE INDEPENDENT DRIVE Address 1000 RIVERSIDE AVE #800

City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Title CHAIRMAN

Name KERSCH, MICHELLE Address 3701 WINTON AVE

Address 601 RIVERSIDE AVE RI ACK KNIGHT City-State-Zip: JACKSONVILLE FL 32209

BLACK KNIGHT City-State-Zip: JACKSONVILLE FL 32208

City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR

TitleDIRECTORNameBUENAGA, JOANNameBREARLEY, DEIDREAddressPO BOX 5338

Address 111 RIVERSIDE AVE City-State-Zip: JACKSONVILLE FL 32247-5338

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Fillo DIRECTOR

Name STOREY, MARGARET

Title DIRECTOR Name STOREY, MARGARET

Name GAFFNEY, TRACY Address 1031 1ST STREET SO

Address 4 BROADCAST PLACE

City-State-Zip: JACKSONVILLE FL 32250

Title TREASURER Name CHUA, NATHALIE
Name CROMWELL, TIM

Address 10151 DEERWOOD PARK BLVD

Title

DIRECTOR

Address 4320 DEERWOOD LAKE PKWY BLDG 200, STE 400

City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR Title DIRECTOR

Name DIAL-WILSON, CRYSTAL Name STEVEN, BEGLEY

Address P.O. BOX 5338 Address 601 RIVERSIDE AVENUE

City-State-Zip: JACKSONVILLE FL 32247

Title DIRECTOR
Name KEENEY, BRIAN
Title DIRECTOR
Name GARRY, REDIG

Address 5011 GATE PARKWAY, BLDG 200, SUITE 400 Address 7999 BLANDING BLVD

City-State-Zip: JACKSONVILLE FL 32256