

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

FILED
Mar 04, 2024
Secretary of State
5400527554CC

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

Current Principal Place of Business:

11624 FALLING LEAF TRL
JACKSONVILLE, FL 32258

Current Mailing Address:

P.O. BOX 5338
JACKSONVILLE, FL 32247

FEI Number: 59-3611757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, CINDY
11624 FALLING LEAF TRL
JACKSONVILLE, FL 32258 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: CINDY ROSE

03/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STOREY, R. TRAVIS
Address 1031 1ST STREET SO.
1002
City-State-Zip: JACKSONVILLE FL 32250

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

Title DIRECTOR
Name EDWARDS, LAURA
Address ONE INDEPENDENT DRIVE
WELLS FARGO
City-State-Zip: JACKSONVILLE FL 32202

Title IMMEDIATE PAST CHAIR, DIRECTOR
Name STRONG, TAD
Address 12786 CAMELLIA BAY DRIVE W
City-State-Zip: JACKSONVILLE FL 32223

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

Title DIRECTOR
Name SELEVAN, RUSSELL
Address 12901 FLAGLER CENTER BLVD
City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR
Name SELEVAN, FRAN
Address 12901 FLAGLER CENTER BLVD.
City-State-Zip: JACKSONVILLE FL 32258

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

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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: CINDY ROSE

EXECUTIVE DIRECTOR

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARRETT, MARTHA
Address 5201 ATLANTIC BLVD
UNIT 237
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR
Name ROBINSON, SHARON
Address 10357 CLAYTON MILL RD
City-State-Zip: JACKSONVILLE FL 32221

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

Title TREASURER
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

Title DIRECTOR
Name KEENEY, BRIAN
Address 12515 AMERICAN EAGLE WAY
City-State-Zip: JACKSONVILLE FL 32225

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

Title DIRECTOR
Name MARTIN, BOBBY
Address 3865 ST JOHNS AVE
#2
City-State-Zip: JACKSONVILLE FL 32205

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

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

Title DIRECTOR
Name STOREY, MARGARET
Address 1031 1ST STREET SO
1002
City-State-Zip: JACKSONVILLE FL 32250

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

Title DIRECTOR
Name BEGLEY, STEVEN
Address 347 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name REDIG, GARRY
Address 7999 BLANDING BLVD
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name TETTERTON, TODD
Address 501 RIVERSIDE AVE, STE 500
City-State-Zip: JACKSONVILLE FL 32202