

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716776 (0)**

1. Corporation Name

**JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ASSOCIATION INC  
420 WEST WASHINGTON STREET  
MONTICELLO FL 32344**

**ASSOCIATION INC  
420 WEST WASHINGTON STREET  
MONTICELLO FL 32344**



3. Date Incorporated or Qualified **06/24/1969** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number **59-1808219** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REICHMAN, MICHAEL A.  
380 N. JEFFERSON  
MONTICELLO FL 32344**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUKES, SHARON</b>	
STREET ADDRESS	<b>380 N JEFFERSON</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KREBS, BOBBIE</b>	
STREET ADDRESS	<b>RT. 2 BOX 123-1</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITSON, RUBY</b>	
STREET ADDRESS	<b>420 W WASHINGTON ST</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVELAND, JOY</b>	
STREET ADDRESS	<b>RT 4, BOX 4184</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUINKERKEN, BEVERLY</b>	
STREET ADDRESS	<b>800 S. JEFFERSON ST.</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNN, EUGENIA</b>	
STREET ADDRESS	<b>1242 N. JEFFERSON</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	

11 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Joy K. EVELAND</b>	
13 STREET ADDRESS	<b>420 West Washington St</b>	
14 CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>JAN BROWN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>1800 TEXAS HILL Rd</b>	
43 STREET ADDRESS	<b>MONTICELLO FL 32344</b>	
44 CITY-ST-ZIP		
51 TITLE	<b>Liz BEATY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>PO Box 554</b>	
53 STREET ADDRESS	<b>MONTICELLO, FL 32345</b>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with my address.

**SIGNATURE:** Joy K. EVELAND *Joy K. Eveland* 1/24/96 904/997-5552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)