

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32344-1448

3. Date Incorporated or Qualified  
06/24/1969

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1808219

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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: *Michael Reichman*

(NOTE: Registered Agent signature required when reinstating)

DATE: *1/13/97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAN BROWN	
1.3 STREET ADDRESS	CHAMBER OF COMMERCE	
1.4 CITY-ST-ZIP	420 W. WASHINGTON MONTICELLO, FL 32344	
2.1 TITLE	DLIZ BEATY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800 S. JEFFERSON	
2.3 STREET ADDRESS	MONTICELLO, FL 32344	
2.4 CITY-ST-ZIP		
3.1 TITLE	O CARL HANKS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	420 W. WASHINGTON	
3.3 STREET ADDRESS	MONTICELLO, FL 32344	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE: *Joy K. Eveland (Joy K. Eveland)* 1/13/97 904/997-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904/997-5552

CR2E037 (9/96)