SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT # 716776



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29 1998 8:00am Secretary of State

1. Corporatio	Name	, ,(U)				
JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION , INC.						
Principal Place of Business Malling 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 4. FEI Number Applied For 59-1808219 Not Applied	
_	lace of Business	2a. Malling Address				5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	#, etc.	26				Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees
City & Stat	te	City & State			· · · · · · · · · · · · · · · · · · ·	7. Is this nonprofit corporation a homeowners association?
Zip 24	Country Zip C		Count			
	9. Name and Address of Curren		11			10. Name and Address of New Registered Agent
				31	Name	
OCIONITANI MICHARI A						
REICHMAN, MICHAEL A. 380 N. JEFFERSON				32]	Street Addre	ss (P.O. Box Number is Not Acceptable)
MONTICELLO FL 32344				33		
MUNINCELLO FL 32344						
			[8	34	City	FL 85 Zip Code
11. Pursuant to office or reagent. I ar	o the provisions of sections 617.0502 a original provisions of both, in the State of a familiar with, and accept the obligation	and 617,1508, Florida Statutes, f Florida. Such change was au ons of, section 617.0503, Flori	the above thorized by ide Statute	-ne y (h	med corporation's	on submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Age	ent signature require	ed when reinstating) DATE
12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITL	1.1 TITLE		Change R Addition
NAME			1.2 NAM	Œ	E	URE, KIMBERLY St. Change Pladdition
STREET ADDRESS	100 1100 1111			EET/		
CITY-ST-ZIP	MONTICELL FL		1.4 CITY	/-\$T-	ZIP M	onticello, FL 32344
TITLE	D	DELETE	2.1 TITL	E	14	Change Addition
NAME	BEATY, LIZ	-	2.2 NAM	ŧΕ	Bee	aty, Liz 1 N monroe
STREET ADDRESS	800 SOUTH JEFFERSON		2.3 STR	EET,	ADDRESS 217	1 N Monroe
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY	-ST-	ZIP TO	allahassee fl 32302
TITLE	D	DELETE	3.1 TITU	E	i Did	CHOC Channe Davidish
NAME	HANKS, CARL		3.2 NAM		Jen	ny Boatwright 1. Box 340 US 90 East
STREET ADDRESS	420 WEST WASHINGTON		3.3 STR	EE1/		
CITY-ST-ZIP	MONTICELLO FL		3.4 CITY		zip Mo	nticello FL 32344
TITLE	V	DELETE	4.1 TITU		₩ ,	Change Addition
NAME	EVELAND, JOY	/ `	4.2 NAM		Ru	by Whitson Deadlice Washington St
	RT 4, BOX 4184	ι			ADDRESS 420	D W Washingt Till St
CITY-ST-ZIP	MONTICELLO FL	A	4.4 CITY		ZIP MO	nticello FL 32344
TITLE	n	O DELETE	5.4 TITU	F		

64 CITY-ST-ZIP

14. I 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 chapged, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DUINKERKEN, BEVERLY

800 S. JEFFERSON ST.

MONTICELLO FL 32344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

7/6/98

3506710456

Change Addition

Daytime Phon