# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 716776

1. Entity Name
JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ASSOCIATION INC<br>420 WEST WASHINGTON STREET<br>MONTICELLO, FL 32344 | ASSOCIATION INC<br>420 WEST WASHINGTON STREET<br>MONTICELLO, FL 32344 |

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

5. Name and Address of Current Registered Agent

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

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8. *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. I am familiar with, and accept* the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | VT |
| NAME | BEATY, LIZ |
| STREET ADDRESS | 217 N MONROE |
| CITY ST ZIP | TALLAHASSEE, FL 32302 |
| TITLE | D |
| NAME | HANKS, CARL |
| STREET ADDRESS | 420 WEST WASHINGTON |
| CITY ST ZIP | MONTICELLO, FL |
| TITLE | D |
| NAME | BOATWRIGHT, JERRY |
| STREET ADDRESS | 340 U. S. 90 E |
| CITY ST ZIP | MONTICELLO, FL 32344 |
| TITLE | D |
| NAME | WHITSON, RUBY |
| STREET ADDRESS | 420 W WASHINGTON ST |
| CITY ST ZIP | MONTICELLO, FL 32344 |
| TITLE | PD |
| NAME | DRAWDY, MARY FRANCES |
| STREET ADDRESS | 420 W WASHINGTON ST |
| CITY ST ZIP | MONTICELLO, FL 32344 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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01/24/05-80102-008 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Liz Beaty Treasurer 01/18/05 850-671-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #