

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 716776

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



Principal Place of Business
**ASSOCIATION INC
420 WEST WASHINGTON STREET
MONTICELLO, FL 32344**

Mailing Address
**ASSOCIATION INC
420 WEST WASHINGTON STREET
MONTICELLO, FL 32344**



01242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1808219

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BEATY, LIZ
217 N MONROE
TALLAHASSEE, FL 32302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANKS, CARL
420 WEST WASHINGTON
MONTICELLO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOATWRIGHT, JERRY
340 U. S. 90 E
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITSON, RUBY
420 W WASHINGTON ST
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DRAWDY, MARY FRANCES
420 W WASHINGTON ST
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000404070
02/06/06-80031-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *B. Elizabeth Beaty, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Elizabeth Beaty

01/24/06

Date

850.671.0456

Daytime Phone #