


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 716776 1. Entity Name JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION, INC.	
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Principal Place of Business ASSOCIATION INC 420 WEST WASHINGTON STREET MONTICELLO, FL 32344	Mailing Address ASSOCIATION INC 420 WEST WASHINGTON STREET MONTICELLO, FL 32344
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07032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1808219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 14, 2007**

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

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

U00000767158
07/06/07-80002-025 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* B Elizabeth "Liz" Beaty 7/3/7 8506710456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #