

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 716776

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



FILED
Jul 09, 2008 08:00 AM
Secretary of State

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

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



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1808219	Applied For Not Applicable
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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 _____ (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 12, 2008**

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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07/09/08-80004-002 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 *Liz Beaty*

07/07/08 850.402.8484