

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

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 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

U000000953735
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 *Michael A. Reichman*

07/07/08

850-402-8484