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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765734 (9)

1. Corporation Name

JACKSON COUNTY CHRISTMAS FUND, INC.



Principal Place of Business

Mailing Address

P.O. BOX 99
MARIANNA FL 32446-0099

P.O. BOX 99
MARIANNA FL 32446-0099

3. Date Incorporated or Qualified

11/15/1982

3a. Date of Last Report

08/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRICKSON, KAREN H.
3700 WILLIAMS DR.
MARIANNA FL 32446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Karen Henrickson

2/7/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE D ☐ DELETE

NAME HENRICKSON, KAREN H.
STREET ADDRESS 3700 WILLIAMS DR.
CITY-ST-ZIP MARIANNA FL

1.1 TITLE V. President ☐ Change ☒ Addition

1.2 NAME Rowena Rogers
1.3 STREET ADDRESS Malone, Fla. 32445
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ROGERS, EFFIE
STREET ADDRESS 4452 E. CLINTON ST.
CITY-ST-ZIP MARIANNA FL

2.1 TITLE Treasurer ☐ Change ☒ Addition

2.2 NAME George Hall
2.3 STREET ADDRESS 4452 E. Clinton St.
2.4 CITY-ST-ZIP Marianna, Fla. 32446

TITLE D ☐ DELETE

NAME MARTIN, LINDA
STREET ADDRESS 4481 CLINTON STREET
CITY-ST-ZIP MARIANNA FL

3.1 TITLE President ☐ Change ☒ Addition

3.2 NAME Debbie Raz
3.3 STREET ADDRESS 5065 Jeanette Drive
3.4 CITY-ST-ZIP Marianna, Fla. 32446

TITLE D ☒ DELETE

NAME WILLIAMS, BONNIE
STREET ADDRESS 4292 WOODBRIAR
CITY-ST-ZIP MARIANNA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME REDFERN, KIM
STREET ADDRESS HWY 164 N/A
CITY-ST-ZIP GREENWOOD FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME POWELL, JANE O.
STREET ADDRESS 2569 AUGUSTUS DRIVE
CITY-ST-ZIP MARIANNA FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen Henrickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

904-482-9386

Daytime Phone #

CR2E037 (12/95)