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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32446-0099P.O. BOX 99
MARIANNA FL 32447-00993. Date Incorporated or Qualified
11/15/19823a. Date of Last Report
02/12/1996

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

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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

GEORGE HALL

82 Street Address (P.O. Box Number is Not Acceptable)
4452 Clinton Street

83

84 City Marianna

FL

85 Zip Code
32446

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

George Hall GEORGE HALL, TREASURER 1/16/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRICKSON, KAREN H.	
STREET ADDRESS	3700 WILLIAMS DR.	
CITY - ST - ZIP	MARIANNA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, EFFIE	
STREET ADDRESS	4452 E. CLINTON ST.	
CITY - ST - ZIP	MARIANNA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, LINDA	
STREET ADDRESS	4481 CLINTON STREET	
CITY - ST - ZIP	MARIANNA FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, ROWENA	
STREET ADDRESS	P.O. BOX 99 N/A	
CITY - ST - ZIP	MARIANNA FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wendy Herring
4.3 STREET ADDRESS	4452 Clinton Street
4.4 CITY - ST - ZIP	Marianna, FL 32446

TITLE	T	<input type="checkbox"/> DELETE
NAME	HALL, GEORGE	
STREET ADDRESS	4452 E. CLINTON STREET	
CITY - ST - ZIP	MARIANNA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAZ, DEBBIE	
STREET ADDRESS	5065 JEANETTE DRIVE	
CITY - ST - ZIP	MARIANNA FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

George Hall GEORGE HALL 1/16/97 (904) 482-9568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 40010184

CR2E037 (9/96)