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FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2230007

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALL, GEORGE
4452 CLINTON ST
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name

Linda MARTIN

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

4469 CLINTON ST

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

Linda Martin

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

(NOTE: Registered Agent signature required when reinstating)

2/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENRICKSON, KAREN H.	
STREET ADDRESS	3700 WILLIAMS DR.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, EFFIE	
STREET ADDRESS	4452 E. CLINTON ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	MARTIN, LINDA	
STREET ADDRESS	4481 CLINTON STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HERRING, WENDY	
STREET ADDRESS	4452 CLINTON ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME	HALL, GEORGE	
STREET ADDRESS	4452 E. CLINTON STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	BAZ, DEBBIE	
STREET ADDRESS	5085 JEANETTE DRIVE	
CITY-ST-ZIP	MARIANNA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAKER, CORDELIA	
1.3 STREET ADDRESS	4452 CLINTON ST.	
1.4 CITY-ST-ZIP	MARIANNA, FL 32446	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREEN, MICHELLE	
2.3 STREET ADDRESS	4452 CLINTON ST	
2.4 CITY-ST-ZIP	MARIANNA, FL 32446	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POPE, SUE	
3.3 STREET ADDRESS	4452 CLINTON ST	
3.4 CITY-ST-ZIP	MARIANNA 32446	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BONNIE WILLIAMS	
4.3 STREET ADDRESS	4452 CLINTON ST	
4.4 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		
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 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:

Linda Martin

2/20/98

850-482-9584

CP2E037 (10/97)