

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765734

1. Corporation Name

JACKSON COUNTY CHRISTMAS FUND, INC.

Principal Place of Business  
P.O. BOX 99  
MARIANNA FL 32446-0099

Mailing Address  
P.O. BOX 99  
MARIANNA FL 32446-0099

FILED  
Aug 13, 1999 8:00 am  
Secretary of State

08-13-1999 90012 029 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2230007	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MARTIN, LINDA  
4469 CLINTON STREET  
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CORDELIA	1.2 NAME	
STREET ADDRESS	4452 CLINTON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MICHELLE	2.2 NAME	
STREET ADDRESS	4452 CLINTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LINDA	3.2 NAME	
STREET ADDRESS	4481 CLINTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, WENDY	4.2 NAME	
STREET ADDRESS	4452 CLINTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GEORGE	5.2 NAME	DIRECTOR
STREET ADDRESS	4452 E. CLINTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZ, DEBBIE	6.2 NAME	DIRECTOR
STREET ADDRESS	5065 JEANETTE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/99

(850) 482-9584  
Daytime Phone #

CR2E037 (5/99)

765734  
605682-9022

## ATTACHMENT

Item 12.

### OFFICERS AND DIRECTORS

Title	Secretary
Name	Faye Johnson
Address	4452 Clinton Street
City, ST., ZIP	Marianna, Fl 32446