

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765734

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWELL, SPRING  
4862 GEORGIA RD  
BASCOM FL 32423

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROCK, BOBBIE 4452 CLINTON STREET MARIANNA FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROXTON, CALLIE 1044 PATTERSON GRACEVILLE FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUTHWELL, SPRING 4862 GEORGIA RD BASCOM FL 32423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEAZY, SAM 2869 ST CLAIR ST MARIANNA FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-KASSAR, LAURETTA 4452 E. CLINTON STREET MARIANNA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZ, DEBBIE 5065 JEANETTE DRIVE MARIANNA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mitchell, Amy 32945 NW Watson Altma, FL 32421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard, Stephanie PO Box 188 Altma, FL 32421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brannon, Connie 2065 Noland Pond Rd Altma, FL 32420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sweazy, Sam 2869 St Clair St MARIANNA, FL 32448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Capps, Nicole 4440 Patrum St. MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blair, Debbie 5065 Jeanette Dr. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

SIGNATURE REQUIRED

41802

8504829568

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90170 033 \*\*\*\*69.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2230007

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E037 (9/01)