2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 16, 2005 8:00 am Secretary of State

DOCUMENT # 765734 1. Entity Name JACKSON COUNTY CHRISTMAS FUND, INC.							08-16-2005	90040 04	9 ****61.	25
P.O. BOX 99 P.O.		ailing Address O. BOX 99 ARIANNA, FL 32446-0099			11 - 8781 2 314 1 8788 717 3	5181 BIBN BIBN S 16	31 8 1831 B/B/L B/B/	71 21 d i 1 26 1		
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			08152005	Chg-NP	CR2E03	37 (10/03)	
City & State		Cil	City & State			4. FEI Num 59-22	ber 30007		No	plied For t Applicable
Zip	Zip Country		Zip		intry		te of Status Desired	<u> </u>	\$8.75 Add Fee Require	
	6. Name and Addr	ess of Current Registere	ed Agent		None		nd Address of New	Registered /	Agent	
TREJO, LAURA					Name KIM MIX					
4452 CLINTON ST MARIANNA, FL 32446					Street A	ddress (P.O. Box Nurr	ber is Not Acceptal	ble)		
					47	18 HWY	90			
l					City	MPCEY		FL	Zip Code	428
		his statement for the purp	ose of changing its	registere	ed office or	registered agent, or b	ooth, in the State of I	Florida. I am i	amiliar with,	and accept
ine obligat	tions of registered agen	ı. O -						/	/	
SIGNATURE	Kimit	luz .						8/15/	105	
SIGNATURE	Signature, typed or printed name	ne of registered agent and title if app	olicable. (NOTE	Registere	d Agent signati	ure required when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 7, 2005 9. Election Campa Trust Fund Cor					-	\$5.00 May	Be Flo	Make check	payable to	
	ao ay ooptomiso.	•				Added to Fee	,,,	onea Bopan		ato
10.	OFF	ICERS AND DIRECTORS		11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIF		
TITLE	OFF D	FICERS AND DIRECTORS		TITLE		ADDITIONS/C	HANGES TO OFFICE	CERS AND DIF		
TITLE NAME	OFF D SPRING, SOUTHW	ICERS AND DIRECTORS		TITLE	Ε	ADDITIONS/C MICHEUC 4452 CL	HANGES TO OFFICE LINTON ST	CERS AND DIF	RECTORS IN	10
TITLE	OFF D	FICERS AND DIRECTORS VELL		TITLE NAMI STRE		ADDITIONS/C MICHEUC 4452 CL	HANGES TO OFFICE	CERS AND DIF	RECTORS IN	10
TITLE NAME STREET ADDRESS	OFF D SPRING, SOUTHW 4862 GEORGIA RE	FICERS AND DIRECTORS VELL		TITLE NAMI STRE	e et address -st-zip	ADDITIONS/O DMICHEUG YUSZ CL MARIA	HANGES TO OFFICE GREEN INTON ST NMA, CL	CERS AND DIF	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF D SPRING, SOUTHW 4862 GEORGIA RE BASCOM, FL 3242	FICERS AND DIRECTORS VELL 23	☐ Delete	TITLE NAMI STRE CITY	et address -St-Zip	ADDITIONS/O D/MIEHEULE YUSZ CL MARIA TO KIM A	HANGES TO OFFICE LINTON ST WMA, ICL IX	CERS AND DIF	RECTORS IN Change Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFF D SPRING, SOUTHW 4862 GEORGIA RE BASCOM, FL 3242 D BROXTON, CALLIE 1044 PATTERSON	FICERS AND DIRECTORS VELL 23	☐ Delete	TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS	ADDITIONS/O D/MIEHEULE YUSZ CL MARIA TO KIM A	HANGES TO OFFICE LINTON ST WMA, ICL IX	CERS AND DIF	RECTORS IN Change Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF D SPRING, SOUTHW 4862 GEORGIA RE BASCOM, FL 3242 D BROXTON, CALLIE 1044 PATTERSON GRACEVILLE, FL	FICERS AND DIRECTORS VELL 23	□ Delete □ Delete	TITLE NAME STRE CITY TITLE NAME STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ADDITIONS/O D/MICHELLO YUSZ CL MIARIA TO KIM A UTS HI CHIPO	HANGES TO OFFICE LINTON ST WMA, ICC IX WY 90 BY, ICC 3	CERS AND DIF	Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFF D SPRING, SOUTHW 4862 GEORGIA RE BASCOM, FL 3242 D BROXTON, CALLIE 1044 PATTERSON	FICERS AND DIRECTORS VELL 23	☐ Delete	TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP	ADDITIONS/ODMICHEUR 4452 CL WHARIA- TO KIM A 478 H CHIPC	HANGES TO OFFICE GREEN INTON ST WMA, CC IX WY 90 BEASCE	32 KY	Change Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFF D SPRING, SOUTHM 4862 GEORGIA RE BASCOM, FL 3242 D BROXTON, CALLIE 1044 PATTERSON GRACEVILLE, FL	FICERS AND DIRECTORS VELL 23 E 32440	□ Delete □ Delete	TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE NAMM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS	ADDITIONS/ODMICHEUR 4452 CL 4452 CL 4452 CL 478 H CHIPC ALICIA 3912 L	HANGES TO OFFICE LINTON ST WMA, CL WY 90 BY, PL BEASLE HWRENCE	32 KY 32 KY 32 Y 28	Change Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/05 8504849568