


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 025 ****61.25

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04072006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2230007				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIX, KIM 478 HWY 90 CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Julie Johnson Street Address (P.O. Box Number is Not Acceptable) 4452 Clinton St. Marianna City FL Zip Code 32446		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Julie Johnson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-7-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPRING, SOUTHWELL 4862 GEORGIA RD BASCOM, FL 32423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pres - P Voneile Heatrice 4481 Clinton St. Marianna, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEN, MICHELLE 4452 CLINTON ST MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice Pres - VP Lauretta Al-Kassar 4452 Clinton St. Marianna, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete TREJO, LAURA 4452 CLINTON ST MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treas - T Julie Johnson 4452 Clinton St. Marianna, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete NIX, KIM 478 HWY 90 CHIPLEY, FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BEASLEY, ALICIA 2912 LAWRENCEVILLE RD COTTONDALE, FL 32431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MITCHELL, AMY 4469 CLINTON ST MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Julie C. Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-7-06 Daytime Phone # 860-482-9568		