## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2007 8:00 am Secretary of State

DOCUMENT # 765734  1. Entity Name JACKSON COUNTY CHRISTMAS FUND, INC.							02-16-200	7 90035 01	14 **** <i>6</i>	51.25	
Principal Place of Business P.O. BOX 99 MARIANNA, FL 32446-0099  MARIANNA, FL 32446-0099  MARIANNA, FL 32446-0099			X 99	32446-0099		4001		ri Bibli Bibli Bibli	8 51  B 51  219	lilli El IBDI	
4452 Clinton St.			ailing Address								
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			01292007	Chg-NP	CR2E037	(12/06)		
City & State Marianna, FC		City 8	City & State			4. FEI Numbe 59-2230			_ <del></del>	plied For t Applicable	
Zip 321	446 Country USA	Zip		Country		5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	t Registered /	Agent			7. Name and	Address of New F	Registered Ag	gent		
JOHNSON, JULIE					Name Voncile H. Williams						
4452 CLINTON ST MARIANNA, FL 32446				Street Address (P.O. Box Number is Not Acceptable)							
	•			44	62	FaiRta	x Rd				
				City	lacia	ung		FL	Zip Code	<b>14 ん</b>	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Stratur, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE											
	agrand, typed of printed name or registered agent	t and title if applica	ble. (NOTE: R	legisterec Agent signa	ture required	when reinstating)		DATE			
	Piling Fee Is \$61.25 Due by May 1, 2007		9. Election Campa Trust Fund Cor	aign Financing		\$5.00 May Br Added to Fees	v 1	lake check   rida Departn	payable to	<b>.</b>	
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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 HAME OF SIGNING OFFICER OR DIRECTOR

214-17

830-98J-9568

Daytime Phone #