

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-16-2007 90035 014 ****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

40019113



2. Principal Place of Business - No P.O. Box #
4452 Clinton St.

3. Mailing Address
Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State
Marianna, FL

Zip
32446

Country
USA

4. FEI Number
59-2230007

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, JULIE
4452 CLINTON ST
MARIANNA, FL 32446

7. Name and Address of New Registered Agent

Name
Voncile H. Williams

Street Address (P.O. Box Number is Not Acceptable)
4462 Fairfax Rd

City
Marianna

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 **Voncile H. Williams** **2-14-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRING, SOUTHWELL 4862 GEORGIA RD BASCOM, FL 32423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MICHELLE 4452 CLINTON ST MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEATRIEE, VONCILE 4481 CLINTON ST MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AL-KASSAR, LAURETTA 4452 CLINTON ST MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JULIE 4452 CLINTON ST MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Spring Southwell 4862 Georgia Rd. Bascom, FL 32423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Voncile H. Williams 4462 Fairfax Rd. Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lauretta Al-Kassar 4452 Clinton St. Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Johnson 4452 Clinton St. Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ashley Morrison 4452 Clinton St. Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" 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: VONCILE H. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-07 850-4829568