


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 049 ****61.25

DOCUMENT # 765734 1. Entity Name JACKSON COUNTY CHRISTMAS FUND, INC.						
Principal Place of Business 4452 CLINTON ST. MARIANNA, FL 32446-0099			Mailing Address P.O. BOX 99 MARIANNA, FL 32446-0099			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State Zip		City & State Zip		Country		
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 WILLIAMS, VONCILE H 4462 FAIRFAX RD. MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <u><i>Voncile H. Williams</i></u> DATE <u>3-7-08</u>			
Filing Fee is \$61.25 Due by May 1, 2008			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	VP 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	T HEATRIEE, VONCILE 4462 FAIRFAX RD. MARIANNA, FL 32446			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL-KASSAR, LAURETTA 4452 CLINTON ST MARIANNA, FL 32446			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JULIE 4452 CLINTON ST MARIANNA, FL 32446			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, ASHLEY 4452 CLINTON ST. MARIANNA, FL 32446			<input type="checkbox"/> Delete		
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 <u><i>Voncile Williams</i></u> DATE <u>3-7-08</u> DAYTIME PHONE # <u>(850)482-3119</u>		