

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90045 026 \*\*\*158.75

**DOCUMENT # K73906**

1. Entity Name

THE CHRISTOPHER CORPORATION



Principal Place of Business

% VIRGINIA HIPP JOHNS  
P.O. BOX 1000  
ALACHUA, FL 32616

Mailing Address

% VIRGINIA HIPP JOHNS  
P.O. BOX 1000  
ALACHUA, FL 32616



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2951563

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

JOHNS, VIRGINIA HIPP  
14610 NW 129TH TERR  
HIGHWAY 441 SOUTH  
ALACHUA, FL 32615

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNS, VIRGINIA HIPP  
STREET ADDRESS 4407 NW 93RD AVE  
CITY - ST - ZIP GAINESVILLE, FL 32053

TITLE ST  
NAME ALBERTSON, LISA HIPP  
STREET ADDRESS 1612SW 76TH TERRACE  
CITY - ST - ZIP GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

*Lisa Albertson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 (386)462-2047

Date

Daytime Phone #