


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90177 019 \*\*\*\*70.00

<b>DOCUMENT # N02000006963</b> 1. Entity Name <b>MASON DIXON CHRISTMAS WISH FUND, INC.</b>					
Principal Place of Business <b>15321 LAKE MAURINE DRIVE ODESSA, FL 33556</b>				Mailing Address <b>15321 LAKE MAURINE DRIVE ODESSA, FL 33556</b>	
2. Principal Place of Business <b>19633 Eagle Crest Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>same</b> Suite, Apt. #, etc.			
City & State <b>Lutz, FL</b>		City & State		4. FEI Number <b>45-0486620</b>	
Zip <b>33549</b>		Country <b>Hillsborough</b>		Zip Country	
6. Name and Address of Current Registered Agent <b>CRAWFORD, PATRICIA 15321 LAKE MAURINE DRIVE ODESSA, FL 33556</b>				7. Name and Address of New Registered Agent Name <b>Patricia Crawford</b> Street Address (P.O. Box Number is Not Acceptable) <b>19633 Eagle Crest Dr.</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33549</b>	
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>Patricia Crawford</i></u> <u><i>Patricia Crawford</i></u> <u><i>4-8-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, JIM L 15321 LAKE MAURINE DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim L. Crawford 19633 Eagle Crest Drive Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAWFORD, PATRICIA T 15321 LAKE MAURINE DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Patricia T. Crawford 19633 Eagle Crest Drive Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alicia Crawford 19633 Eagle Crest Dr Lutz, FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alicia Crawford 19633 Eagle Crest Drive Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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>Patricia Crawford</i></u> <u><i>Patricia Crawford</i></u> <u><i>4-8-05</i></u> <u><i>813-948-0112</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					