

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007888

FILED
May 01, 2008
Secretary of State

Entity Name: HAM JAM CHARITIES, INC.

Current Principal Place of Business:

739 DUART DR.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

739 DUART DR.
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 54-2080372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MUNSEY, RONALD G
739 DUART DRIVE
ORANGE PARK, FL 32073 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MUNSEY, RONALD G
Address: 739 DUART DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: DVT () Delete
Name: MUNSEY, LILLIAN
Address: 739 DUART DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: JOHNS, JOYCE
Address: 747 CAMERON DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: BECKMANN, CHRISTINE
Address: 696 CAMP FRANCIS JOHNSON RD.
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN MUNSEY

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date