2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000009414

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Entity Name: THE COMMUNITY CHRISTMAS CLUB OF THE HALIFAX AREA, INC.

Current Principal Place of Business: New Principal Place of Business: 1942 TETON LANE DAYTONA BEACH, FL 32115 **Current Mailing Address: New Mailing Address:** PO BOX 7 PO BOX 7 DATTONA BEACH, FL 32115 DAYTONA BEACH, FL 32115 FEI Number: 54-2108793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 321152491 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARUSA, EDWARD A JR Name: Name: 1942 TETON LANE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, JAY Name: Name: Address: 1616 S. PENINSULA DR Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: Title: Title: () Change () Addition () Delete ASHER, BUD Name: Name: 1177 N HALIFAX AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: DAVIDSON, HERBERT JR Name: Address: 901 SIXTH STREET Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRANT, ANDREWT GRANT, ANDREW C Name: Name: 150 MAGNOLIA AVE 150 MAGNOLIA AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: DAYTONA BEACH, FL 32115 Title: () Delete Title: () Change () Addition PHELAN, RAYMOND Name: Name: Address: 623 N GRAND NEW Address: DAYTONA BEACH, FL 32118 City-St-Zip: 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: ANDREW C. GRANT D 05/22/2008