2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N02000009414

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

Current Principal Place of Business:

1942 TETON LANE
DAYTONA BEACH, FL 32115

New Principal Place of Business:

Current Mailing Address:

PO BOX 7
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 54-2108793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 321152491 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: MARUSA, EDWARD A JR
Address: 1942 TETON LANE
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: ADAMS, JAY
Address: 1616 S. PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: ASHER, BUD
Address: 1177 N HALIFAX AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: GRANT, ANDREW C
Address: 150 MAGNOLIA AVE
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete
Name: PHELAN, RAYMOND
Address: 623 N GRAND NEW
City-St-Zip: DAYTONA BEACH, FL 32118

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: MALIN, JOHN
Address: 1672 S RIDGEWOOD AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

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 GRANT D 04/08/2009

Electronic Signature of Signing Officer or Director — Date