

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32403** (0)

1. Corporation Name

CHRISTMAS COMMITTEE FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

~~4532 6TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33713~~

~~4532 6TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33713~~



2. Principal Place of Business

2a. Mailing Address

21 **8240 Ulmerton Rd.**

26 **8240 Ulmerton Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Largo, Florida**

28 **Largo, Florida**

Zip

Country

Zip

Country

24 **34641**

25 **U.S.A.**

29 **34641**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

ALVEY, SHARON
4532 6TH AVENUE NORTH
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified
05/19/1989

3a. Date of Last Report
06/16/1995

4. FEI Number
59-2961546

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8240 Ulmerton Rd.

83

84 City

Largo

FL

85

Zip Code
34641

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sharon M. Alvey

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ALVEY, SHARON**
STREET ADDRESS **4532 6TH AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ DELETE

NAME **MERKEL, RICK**
STREET ADDRESS **4835 2ND AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **RISTORCELLI, PETER J.**
STREET ADDRESS **6250 25TH AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **S** ☐ DELETE

NAME **MERKEL, SUSAN J.**
STREET ADDRESS **4835 2ND AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon M. Alvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)