

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N32403 1. Entity Name CHRISTMAS COMMITTEE FOR CHILDREN, INC.	
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Principal Place of Business 8240 ULMERTON ROAD LARGO, FL 33771-948 US	Mailing Address 8240 ULMERTON ROAD LARGO, FL 33771-948 US
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2961546	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVEY, SHARON
8240 ULMERTON ROAD
LARGO, FL 33771

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000132534 04/27/04-80049-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVEY, SHARON 5197 SE 11TH DR BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAKENEY, MARTHA 1300 61ST AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RISTORCELLI, PETER J. 6250 25TH AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVEY, SHELLEY M 5235 SE 11TH DRIVE BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Peter J. Ristorelli **4/22/04** **727-5380419**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #