

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:07

DOCUMENT # N40116 (8)

1. Corporation Name

FLORIDA CHRISTMAS CONFERENCE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**FLORIDA CHRISTMAS CONFERENCE INC.
5815-4 SCOTT LAKE RD.
LAKELAND FL 33813
US**

Mailing Address

**FLORIDA CHRISTMAS CONFERENCE INC.
P.O. BOX 6651
LAKELAND FL 33807-6651
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1990

3a. Date of Last Report

04/22/1994

4. FBI Number

59-3036828

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

9. Name and Address of Current Registered Agent

**FLEMING, DIANN
5815-4 SCOTT LAKE RD
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	RYAL, JAMES	2241 MAPLE HILL DR	LAKELAND FL
D	FLEMING, LANDIS	5815-4 SCOTT LAKE RD.	LAKELAND FL
DS	MCGARVEY, SUSAN	5175 PHEASANT DR.	MULBERRY FL
DV	PRICE, REV. MARK	5425 MT. OLIVE RD.	LAKELAND FL
DT	ALLEN, TINA	325 CORONADO CT.	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
D/V	Price, Rev. Mark	5425 Mt Olive Rd	Polk City, FL 33868
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
D/V	Janey Stratton	6532 Cromwell Rd	LAKELAND, FL 33809
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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:

LANDIS FLEMING

4-10-95

813-648-0947

Date

Daytime Phone #