

# 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 # N40116 (8)**

1. Corporation Name

**FLORIDA CHRISTMAS CONFERENCE, INC.**



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**

3. Date Incorporated or Qualified  
**09/24/1990**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**29** Zip **30** Country

4. FEI 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**

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

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 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 **DiAnn Fleming**

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

(NOTE: Registered Agent signature required when reinstating)

**4/22/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **PRICE, REV. MICHAEL**  
STREET ADDRESS **5425 MT. OLIVE ROAD**  
CITY-ST-ZIP **POLK CITY FL**

TITLE **DP** ☒ DELETE  
NAME **STRATTON, JANEY**  
STREET ADDRESS **6532 CROMWELL ROAD**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **DS** ☐ DELETE  
NAME **MCGARVEY, SUSAN**  
STREET ADDRESS **5175 PHEASANT DR.**  
CITY-ST-ZIP **MULBERRY FL**

TITLE **DT** ☒ DELETE  
NAME **ALLEN, TINA**  
STREET ADDRESS **325 CORONADO CT.**  
CITY-ST-ZIP **LAKELAND 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 **DP** ☐ Change ☒ Addition  
1.2 NAME **LASH, RON**  
1.3 STREET ADDRESS **6217 CHRISTINA GROVE CR E**  
1.4 CITY-ST-ZIP **LAKELAND, FL 33813** ☐ Change ☒ Addition

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **FLEMING, LANDIS**  
2.3 STREET ADDRESS **5815-4 SCOTT LK RD**  
2.4 CITY-ST-ZIP **LAKELAND, FL 33813** ☐ Change ☒ Addition

3.1 TITLE **DT** ☐ Change ☒ Addition  
3.2 NAME **LASH, LYNN**  
3.3 STREET ADDRESS **6217 CHRISTINA GROVE CR E**  
3.4 CITY-ST-ZIP **LAKELAND, FL 33813** ☐ Change ☒ Addition

4.1 TITLE **DVP** ☐ Change ☒ Addition  
4.2 NAME **Ryal, Jim**  
4.3 STREET ADDRESS **2241 Maple Hill Dr**  
4.4 CITY-ST-ZIP **Lakeland, Fl 33811** ☐ Change ☐ Addition

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: **Ron Lash**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96**

Date

**941-428-7117**

Daytime Phone

CR2E037 (12/95)