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FILED
May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

FLORIDA CHRISTMAS CONFERENCE INC.
5815-4 SCOTT LAKE RD.
LAKELAND FL 33813
USFLORIDA CHRISTMAS CONFERENCE INC.
P.O. BOX 6651
LAKELAND FL 33807-6651
US3. Date Incorporated or Qualified
09/24/19903a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3036828Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME LASH, RON
STREET ADDRESS 6217 CHRISTINA GROVE CIRCLE, E
CITY-ST-ZIP LAKELAND FL1.1 TITLE DVP ☐ Change ☒ Addition
1.2 NAME Pollock, Tommy
1.3 STREET ADDRESS 5321 N Galloway Rd
1.4 CITY-ST-ZIP Lakeland, FL 33810TITLE D ☐ DELETE
NAME FLEMING, LANDIS
STREET ADDRESS 5815-4 SCOTT LAKE RD
CITY-ST-ZIP LAKELAND FL 338132.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS ☐ DELETE
NAME MCGARVEY, SUSAN
STREET ADDRESS 5175 PHEASANT DR.
CITY-ST-ZIP MULBERRY FL 338603.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DVP ☐ DELETE
NAME RYAL, JIM
STREET ADDRESS 2241 MAPLE HILL DR
CITY-ST-ZIP LAKELAND FL4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME Ryal, Jim
4.3 STREET ADDRESS 2241 Maple Hill Dr
4.4 CITY-ST-ZIP Lakeland, FL 33811TITLE DT ☒ DELETE
NAME LASH, LYNN
STREET ADDRESS 6217 CHRISTINA GROVE CIRCLE, E
CITY-ST-ZIP LAKELAND FL5.1 TITLE DT ☐ Change ☒ Addition
5.2 NAME Fry, Tina
5.3 STREET ADDRESS 434 Carleton St
5.4 CITY-ST-ZIP Lakeland, FL 33803TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/22/97

(941) 295-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0052904

CR2E037 (9/96)