

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/24/1990	4. FEI Number 59-3036828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FLEMING, DIANN 5815-4 SCOTT LAKE RD LAKELAND FL 33813
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 DiAnn Fleming 4/2/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	POLLOCK, TOMMY
STREET ADDRESS	5321 N GALLOWAY RD
CITY - ST - ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLEMING, LANDIS
STREET ADDRESS	5815-4 SCOTT LAKE RD
CITY - ST - ZIP	LAKELAND FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	MCGARVEY, SUSAN
STREET ADDRESS	5175 PHESASANT DR.
CITY - ST - ZIP	MULBERRY FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	RYAL, JIM
STREET ADDRESS	2241 MAPLE HILL DR
CITY - ST - ZIP	LAKELAND FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	FRY, TINA
STREET ADDRESS	434 CARLETON ST
CITY - ST - ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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, Director Landis Fleming 4/6/98 (941)646-4082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # D054980

CP2E037 (10/97)