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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90031 038 \*\*\*\*61.25

0056978

DOCUMENT # N40116

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

59-3036828

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

Thomas J. Pollock, Jr.

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

5321 N Galloway Rd

83

Lakeland

84 City

Lakeland

FL

85 Zip Code  
33810

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 Thomas J. Pollock, Jr.

Thomas J. Pollock Jr.

4-6-99

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 DVP  
NAME POLLOCK, TOMMY  
STREET ADDRESS 5321 N GALLOWAY RD  
CITY-ST-ZIP LAKELAND FL 33810

TITLE D  
NAME FLEMING, LANDIS  
STREET ADDRESS 5815-4 SCOTT LAKE RD  
CITY-ST-ZIP LAKELAND FL

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

TITLE DP  
NAME RYAL, JIM  
STREET ADDRESS 2241 MAPLE HILL DR  
CITY-ST-ZIP LAKELAND FL

TITLE DT  
NAME FRY, TINA  
STREET ADDRESS 434 CARLETON ST  
CITY-ST-ZIP LAKELAND FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Medley, Darryl  
1.3 STREET ADDRESS 516 W. Palm Dr  
1.4 CITY-ST-ZIP Lakeland, FL 33803

2.1 TITLE DS  
2.2 NAME McGarvey, Susan  
2.3 STREET ADDRESS 1385 Forest Park St  
2.4 CITY-ST-ZIP Lakeland, FL 33803

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JAMES E. Ryal

4-6-99

941

644-4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)