

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0068933

**DOCUMENT # N40116**

1. Entity Name

**FLORIDA CHRISTMAS CONFERENCE, INC.**



Principal Place of Business

**5321 N GALLOWAY RD  
LAKELAND FL 33810  
US**

Mailing Address

**5321 N GALLOWAY RD  
LAKELAND FL 33810  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3036828**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLOCK, THOMAS J JR.  
5321 N. GALLOWAY RD.  
LAKELAND FL 33810**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas J. Pollock Jr.

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

Thomas J. Pollock Jr.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  
NAME **POLLOCK, TOMMY**  
STREET ADDRESS **5321 N GALLOWAY RD**  
CITY-ST-ZIP **LAKELAND FL 33810**  
☐ Delete

TITLE **DS**  
NAME **SCHRADER, NICOLE**  
STREET ADDRESS **6545 CREWS LAKE RD**  
CITY-ST-ZIP **LAKELAND, FL 33813**  
☐ Change ☒ Addition

TITLE **DS**  
NAME **SCHRADER, GREG**  
STREET ADDRESS **6545 CREWS LAKE RD**  
CITY-ST-ZIP **LAKELAND FL 33813**  
☒ Delete

TITLE **DS**  
NAME **SCHRADER, NICOLE**  
STREET ADDRESS **6545 CREWS LAKE RD**  
CITY-ST-ZIP **LAKELAND, FL 33813**  
☐ Change ☒ Addition

TITLE **DVP**  
NAME **PERRY, BILL**  
STREET ADDRESS **SW 21ST ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**  
☐ Delete

TITLE **DT**  
NAME **MEDLEY, DARRYL**  
STREET ADDRESS **2302 NORETTA LN**  
CITY-ST-ZIP **LAKELAND FL 33811**  
☒ Delete

TITLE **DT**  
NAME **MEDLEY, DARRYL**  
STREET ADDRESS **2302 NORETTA LN**  
CITY-ST-ZIP **LAKELAND FL 33811**  
☒ Delete

TITLE **DT**  
NAME **MENTO JULIE**  
STREET ADDRESS **5306 CHARLIN AVE**  
CITY-ST-ZIP **LAKELAND, FL 33810**  
☐ Change ☒ Addition

TITLE **SCHRADER, NICOLE**  
NAME **SCHRADER, NICOLE**  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Pollock Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 858-3252

Date Daytime Phone #

CR2E037 (10/02)