FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-2-96 B 0694 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005497 (2)

1. Corporation Name

THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDRE N, CORPORATION

Principal Place of Business	Mailing Address
P O BOX 2512 PONTE VEDRA BEACH FL 32004-2512	P O BOX 2512 PONTE VEDRA BEACH FL 32004-2512

3. Date Incorporated or Qualified: 11/07/1994

3a. Date of Last Report: 07/14/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc — 22

Suite, Apt. #, etc — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3283859 ☐ 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

HERN, JANE S
4001 LONG POND PL
PONTE VEDRA BEACH FL 32082

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 Jane S. Hern, Managing Director Jane S Hern 1/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	M HERN, JANE S 4001 LONG POND PLACE PONTE VEDRA BEACH FL 32082	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRKER, BARBARA J 6995-A SR 16 ST. AUGUSTINE FL 32093	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T Cindy Triay 195 Roscoe Blvd. S Ponte Vedra BEach, FL. 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROTEAU, CLAUDETE 1110 SALT CREEK DRIVE PONTE VEDRA BEACH FL 32082	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Judy Jonsson 8 Starfish Pl. Ponte Vedra Beach, FL. 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASON, CATHY 724 QUEEN ROAD ST. AUGUSTINE FL 32092	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOTTYAN, MARY 710 NOTTINGHAM FOREST CIRCLE JACKSONVILLE FL 32259	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Penny Barile 5115 Shore Drive St.Augustine, FL. 32086	☐ Change ☒ Addition
TITLE A / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWATT, CHELLE 115 PALM VALLEY WOODS PONTE VEDRA BEACH FL 32082	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Kendall Jones 4303 Blue Heron Dr. Ponte Vedra Beach, FL. 32082	☐ Change ☒ Addition

CR2E037 (12/95)

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)(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: Jane S. Hern — 1/29/96 — 273-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #