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Sep 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000005497 (2)

1. Corporation Name

THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDREN, 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
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

10. Name and Address of New Registered Agent

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

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, Executive Director

(NOTE: Registered Agent signature required when remodeling)

2/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS
CITY-ST-ZIP
M
HERN, JANE S
4001 LONG POND PLACE
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE

NAME D
STREET ADDRESS
CITY-ST-ZIP
T
TRIAY, CINDY
105 ROSCOE BLVD. S.
PONTE VEDRA BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS
CITY-ST-ZIP
D
JONSSON, JUDY
8 STERFISH PL.
PONTE VEDRA BEACH FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASON, CATHY
724 QUEEN ROAD
ST. AUGUSTINE FL 32092

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARILE, PENNY
5115 SHORE DR.
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS
CITY-ST-ZIP
D
JONES, KENDALL
4303 BLUE HERON DR.
PONTE VEDRA BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

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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 Jane S. Hern, Ex. Director

(NOTE: Registered Agent signature required when remodeling)

2/22/97

(904) 273-9437