

FILE NOW: FILING FEE IS \$61.25

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Apr 29 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 # **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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/07/1994

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

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

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME D S
STREET ADDRESS HOLLAND, LAURA
CITY-ST-ZIP 248 MMOSA ROAD
ST. AUGUSTINE FL 32086

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS PARKER, BETH
CITY-ST-ZIP 295 GODWIN ROAD
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE
NAME D
STREET ADDRESS LOFTIS, PATTY
CITY-ST-ZIP 33 PONTE VEDRA CIRCLE
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE
NAME T
STREET ADDRESS JONES, KENDALL
CITY-ST-ZIP 4303 BLUE HERON DR.
PONTE VEDRA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Darcel Roath
1.4 CITY-ST-ZIP 2744 Elsie Rd.
St. Augustine, FL. 32086

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS Susie Murphy
2.4 CITY-ST-ZIP 22 Democracy Ct.
Jacksonville Beach, FL. 32250

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS Ursula Howard
3.4 CITY-ST-ZIP 1104 1/2 Beckly Pl.
Jacksonville, FL. 32216

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Shay Horner
4.4 CITY-ST-ZIP 344 Pablo Terrace
Ponte Vedra Beach, FL. 32082

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Carla Cummings
5.4 CITY-ST-ZIP 601 22nd St.
St. Augustine, FL. 32095

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Bill Schaub
6.4 CITY-ST-ZIP 3002 E. Cypress Creek Dr.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statute 617.0502, and 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:

[Signature]

4/20/98 1904273-9437

CR2E037 (10/97)