FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90007 010 ****61.25

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DOCUMENT # N94000005497

1. Corporation Name

THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDRE N, CORPORATION

566400 - 90007 - 10

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 (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 11/07/1994
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-3283859 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERN, JANE S 4001 LONG POND PLACE PONTE VEDRA BEACH FL 32082	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/D Lisa Paumen 488 Big Tree Drive Ponte Vedra BEach, FL. 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S HOLLAND, LAURA 246 MIMOSA ROAD ST. AUGUSTINE FL 32086	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D Cheryl Russell 511 Fox Hollow Lane St. Augustine, FL. 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONSSON, JUDY 8 STERFISH PL. PONTE VEDRA BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Patty Loftis 38 Ponte Vedra Circle Ponte Vedra Beach, Fl. 32082	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, BETH 295 GODWIN ROAD ST. AUGUSTINE FL 32086	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Carla Cummings 601 22nd Street St. Augustine, Fl. 32095	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFTIS, PATTY 33 PONTE VEDRA CIRCLE PONTE VEDRA BEACH FL 32082	X ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D CAthy Dacquel 132 N. Azalea Pt. Dr. Ponte Vedra Beach, FL. 32082	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, KENDALL 4303 BLUE HERON DR. PONTE VEDRA BEACH FL	X ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Carol STrong 2236 Twin Fox Trail St Augustine, FL 32086	☐ Change ☐ Addition X

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 5/29/99 (94)273-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)