2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005497

1. Entity Name

THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDRE

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90992 033 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3283859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Gabrielle Parsons
Street Address (P.O. Box Number is Not Acceptable)
116 Pitts Still
City Ponte Vedra Beach **FL** Zip Code 32082

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.

SIGNATURE Gabrielle Parsons — Gabrielle Parsons — 4.18.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERN, JANE S 4001 LONG POND PLACE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gabrielle Parsons 116 Pitts still Rd Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAUMEN, LISA 488 BIG TREE DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONSSON, JUDY 8 STERFISH PL. PONTE VEDRA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, BETH 295 GODWIN ROAD ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tina Puckett 370 Biscayne Ave St. Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, CHERYL 511 FOX HOLLOW LANE SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ceil Shanahan 420 W. orange St St. Augustine, FL 32095	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFTIS, PATTY 38 PONTE VEDRA CIRCLE PONTE VEDRA CIRCLE FL 33-2082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike Wilcox 3 Starfish Place Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED — 4.20.2000 — (904) 280-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #