# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 25, 2004**
**Secretary of State**

DOCUMENT# N94000005497

**Entity Name:** THE KRISTINA JONSSON FUND FOR CHALLENGED CHILDREN, CORPORATION

**Current Principal Place of Business:**

P O BOX 2512
PONTE VEDRA BEACH, FL 320042512

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2512
PONTE VEDRA BEACH, FL 320042512

**New Mailing Address:**

**FEI Number: 59-3283859** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PAUMEN, LISA
488 BIG TREE ROAD
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | HERN, JANE S | |
| Address: | 4001 LONG POND PLACE | |
| City-St-Zip: | PONTE VEDRA BEACH, FL 32082 | |
| Title: | TD | ( ) Delete |
| Name: | PAUMEN, LISA | |
| Address: | 488 BIG TREE DRIVE | |
| City-St-Zip: | PONTE VEDRA BEACH, FL 32082 | |
| Title: | D | ( ) Delete |
| Name: | JONSSON, JUDY | |
| Address: | 8 STERFISH PL. | |
| City-St-Zip: | PONTE VEDRA BEACH, FL | |
| Title: | D | (X) Delete |
| Name: | MARTINEZ, MARY | |
| Address: | 1212 FRUITCOVE TERRACE | |
| City-St-Zip: | JACKSONVILLE, FL 32259 | |
| Title: | D | (X) Delete |
| Name: | SHULTZ, BETH | |
| Address: | 362 JARDINE AVE | |
| City-St-Zip: | SAINT AUGUSTINE, FL 32084 | |
| Title: | D | ( ) Delete |
| Name: | PUCKETT, TINA | |
| Address: | 370 BISCAYNE AVE | |
| City-St-Zip: | SAINT AUGUSTINE, FL 32080 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA PAUMEN TD 08/25/2004
Electronic Signature of Signing Officer or Director — Date