

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005497

FILED
Apr 30, 2006
Secretary of State

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 () 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/30/2006

Electronic Signature of Signing Officer or Director

Date