

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

FILED
Apr 15, 2009
Secretary of State

Entity Name: CHILDREN'S CHRISTMAS PARTY OF JACKSONVILLE, INC.

Current Principal Place of Business:

825 TEMPLETON TERRACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

825 TEMPLETON TERRACE
JACKSONVILLE, FL 32207

Current Mailing Address:

825 TEMPLETON TERRACE
JACKSONVILLE, FL 32207

New Mailing Address:

825 TEMPLETON TERRACE
JACKSONVILLE, FL 32207

FEI Number: 59-3611757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, PAMELA D
225 WATER STREET
1400
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HALVERSON, DIANE
825 TEMPLETON TERRACE
JACKSONVILLE, FL 32207 US

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: DIANE HALVERSON

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOREY, R. TRAVIS
Address: 2217 MILLER OAKS DR NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: STOREY, MARGARET
Address: 2217 MILLER OAKS DR NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: HALVERSON, DIANE
Address: 825 MAPLETON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HARVEY, PAMELA
Address: 14690 STARRATT CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: MARTIN, BOBBY
Address: ONE RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

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:

I hereby certify that the information supplied with this filing does not qualify 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: DIANE HALVERSON

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date