

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007207

FILED
Mar 27, 2012
Secretary of State

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

Current Principal Place of Business:

825 MAPLETON TERRACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5338
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3611757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALVERSON, DIANE
825 MAPLETON TERRACE
JACKSONVILLE, FL 32207 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
Name: STOREY, R. TRAVIS
Address: 2217 MILLER OAKS DR NORTH
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: D
Name: PALMER, ERIC
Address: 8922 CANOPY OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: C
Name: EDWARDS, LAURA
Address: 444 WORTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: HARVEY, PAMELA
Address: 14690 STARRATT CREEK DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: T
Name: ROSE, CINDY
Address: 11624 FALLING LEAF TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: DIANE M. HALVERSON

D

03/27/2012

Electronic Signature of Signing Officer or Director

Date