	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	MACIVER, STUART J	Name	REAMS, JOSEPH S III	
Address	PO BOX 342	Address	PO BOX 342	
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	GREENVILLE FL 32331	
Title	V.P.	Title	т	
Name	REAMS, KATHY	Name	COHEN, KERRY	
Address	PO BOX 342	Address	PO BOX 342	
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	GREENVILLE FL 32331	
Title Name Address	SECRETARY MACIVER, DONNA J PO BOX 342			
Audiess				

**PO BOX 342** GREENVILLE. FL 32331

## FEI Number: NOT APPLICABLE

SIGNATURE: STUART J. MACIVER

## Name and Address of Current Registered Agent:

MACIVER, STUART J 312 SW CHURCH AVENUE GREENVILLE, FL 32331 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.

## **Current Mailing Address:**

Entity Name: GREENVILLE COUNTRY CHRISTMAS COMMITTEE INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

**312 SW CHURCH AVENUE** GREENVILLE. FL 32331

DOCUMENT# N10000011021

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: DONNA J. MACIVER

City-State-Zip: GREENVILLE FL 32331

SECRETARY

03/07/2013 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 07, 2013 Secretary of State CC2615778861

03/07/2013

Certificate of Status Desired: No