

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24866

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** TUTTEROW STARS OF TOMORROW, INC.

**Current Principal Place of Business:**

452 5TH AVE SE  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 650  
LARGO, F 33779 US

**New Mailing Address:**

PO BOX 650  
LARGO, FL 33779 US

FEI Number: 59-2871199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENNEDY, DEBBIE  
452 5TH AVE SE  
LARGO, FL 33771 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: P  
Name: MORRIS, GINNY  
Address: 9046 - 130TH WAY  
City-St-Zip: SEMINOLE, FL 33776

Title: VP  
Name: WHITE, CONNIE  
Address: 12990 - 90TH AVE N  
City-St-Zip: SEMINOLE, FL 33776

Title: S  
Name: GELDERLOOS, PAT  
Address: 712 KNOLLWOOD DRIVE  
City-St-Zip: LARGO, FL 33770

Title: T  
Name: FALONE, ROBIN  
Address: 10934 - 117TH ST N  
City-St-Zip: SEMINOLE, FL 33778

Title: D  
Name: KENNEDY, DEBBIE  
Address: 452 5TH AVE SE  
City-St-Zip: LARGO, FL 33771

Title: D  
Name: BEAMER, MANDY  
Address: 6501 CEDARBROOK DRIVE  
City-St-Zip: PINELLAS PARK, FL 33782

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: ROBIN FALONE

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01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date