

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 004 ****61.25

DOCUMENT # N38747 1. Entity Name SINCERELY, SANTA, INC.					
Principal Place of Business 10740 N 56TH ST TAMPA, FL 33617 US			Mailing Address 10740 N 56TH ST TAMPA, FL 33617 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-3013333				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNN, MICHAEL E 1919 ORO CT CLEARWATER, FL 33764			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERON, JACQUELINE W 11917 NICKLAUS CIR TAMPA, FL 33624	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, DEBRA L 521 RIVERHILLS CR TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, DIANE 2008 E 8TH AVE TAMPA, FL 33605	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debra Hoffman</u> Debra Hoffman (Treas)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/24/05 Daytime Phone # 813 985-1322	