


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90295 038 \*\*\*\*70.00

**DOCUMENT # N99000002886**

1. Entity Name  
**TOBY THE CLOWN FOUNDATION, INC.**



Principal Place of Business  
**109 W INTERLAKE BLVD  
 LAKE PLACID, FL 33852**

Mailing Address  
**P.O. BOX 2417  
 LAKE PLACID, FL 33862**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>31-1635839</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STOKES, KEITH D  
 1539 LAKE CLAY DRIVE  
 LAKE PLACID, FL 33852**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <del>PELOKI, ALBIN</del> <b>DENNIS KORANDA</b> <del>1400 GR 17 NORTH</del> <b>2701 VAN PELT ROAD</b> <del>LAKE PLACID, FL 33852</del> <b>SEBRING, FL 33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>MCGRAY, SANDRA K</del> <b>SANDRA K HINMAN</b> <del>9209 LOCKMAN BLVD</del> <b>3207 LOCKMAN BLVD</b> <del>SEBRING, FL 33875</del> <b>SEBRING, FL 33875</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>PETTY, JOAN</del> <b>THOMAS STARK</b> <del>1525 LAKE CLAY DR</del> <b>4401 WILLOW TRAIL</b> <del>LAKE PLACID, FL 33862</del> <b>SEBRING, FL 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>B-2VP</del> <del>YORIO, FRANCIS</del> <b>17904 SE 106 CT</b> <del>636 SUNSET POINTE DR</del> <b>SUMMER FIELD, FL.</b> <del>LAKE PLACID, FL 33862</del> <b>34491</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STOKES, KEITH D</b> <b>1539 LAKE CLAY DRIVE</b> <b>LAKE PLACID, FL 33852</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra K Hinman Date: 4-25-06 Daytime Phone #: W 863 6995010 H 863 3853816