


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90012 031 ****61.25

| | | | |
|--|--|---|---|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PELSKI, ALBIN 1400 CR 17 N LAKE PLACID, FL 33852 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | 1VP KORANDA, DENNIS 2701 VAN PELT RD SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP SANDRA PELSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1400 CR 17 N. LAKE PLACID FL. 33852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HINMAN, SANDRA K 3207 LOCKMANBLVD SEBRING, FL 33875 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP MARGARET HALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 325 PANTHER PLACE LAKE PLACID FL. 33852 SEBRING |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KORANDA, DENNIS 2701 VAN PELT RD SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP YORIO, FRANCIS 17904 SE 106 CT SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, BONNIE 1182 WISPER LANE SEBRING, FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PELSKI, ALBIN 1400 CR 17 N LAKE PLACID, FL 33852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

460000



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
~~31-1695800~~ 31-1655839 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

ALBIN PELSKI 2/18/08
 PRES.