2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N99000002886

Entity Name: TOBY THE CLOWN FOUNDATION, INC.

Current Principal Place of Business:

109 W INTERLAKE BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2417
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 31-1655839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PELSKI, ALBIN
1400 CR 17 N
LAKE PLACID, FL 33852 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: 1VP ( ) Delete
Name: PELSKI, SANDRA
Address: 1400 CR 17 N
City-St-Zip: LAKE PLACID, FL 33852

Title: 2VP ( ) Delete
Name: HALL, MARGARET
Address: 325 PONTHER PL
City-St-Zip: LAKE ALFRED, FL 33850

Title: S ( ) Delete
Name: THOMPSON, BONNIE
Address: 1182 WISPER LANE
City-St-Zip: SEBRING, FL 33870

Title: P (X) Delete
Name: PELSKI, ALBIN
Address: 1400 CR 17 N
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PELSKI, ALBIN
Address: 1400 CR 17 N
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change ( ) Addition
Name: HINMAN, SANDY
Address: 3207 LOCKMAN BLVD
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBIN PELSKI PRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date