

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002886

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**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: PRES  
Name: PELSKI, ALBIN  
Address: 1400 CR 17 N  
City-St-Zip: LAKE PLACID, FL 33852

Title: TREA  
Name: SMALL, L MCQUEEN  
Address: P O BOX 1610  
City-St-Zip: LAKE PLACID, FL 33862

Title: SEC  
Name: RUDOLF, JANICE  
Address: 708 LAKE BLUE DR  
City-St-Zip: LAKE PLACID, FL 33852

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: L MCQUEEN SMALL

TRES

01/05/2012

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

\_\_\_\_\_  
Date