

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002886

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**1631568803CC**

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

**Current Principal Place of Business:**

109 W INTERLAKE BLVD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P.O. BOX 2417  
LAKE PLACID, FL 33862

**FEI Number:** 31-1655839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMALL, L MCQUEEN  
79 JASMINE ST  
LAKE PLACID, FL 33852 US

*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:** L MCQUEEN SMALL

01/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name PELSKI, SANDRA  
Address P.O. BOX 2417  
City-State-Zip: LAKE PLACID FL 33862

Title TREA  
Name SMALL, L MCQUEEN  
Address P O BOX 2417  
City-State-Zip: LAKE PLACID FL 33862

Title PRESIDENT  
Name JINGST, DARREL  
Address P.O. BOX 2417  
City-State-Zip: LAKE PLACID FL 33862

Title SECRETARY  
Name MONACO, CATRINA  
Address P.O. BOX 2417  
City-State-Zip: LAKE PLACID FL 33862

*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

**TREASURER**

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date