# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 01, 2005 8:00 am**
**Secretary of State**
03-01-2005 90076 012 ****61.25

DOCUMENT # N00000004481

1. Entity Name
OUR FATHERS CLOSET TOO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1645 E NEW YORK AVE<br>DELAND, FL | 1645 E NEW YORK AVE<br>DELAND, FL |

02212005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3509075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

STOVER, JOSEPH L
4310 MCCORVEY RD
DELAND, FL 32724

**7. Name and Address of New Registered Agent**

Name ROSE A. EDGECOMB
Street Address (P.O. Box Number is Not Acceptable) 1645 E NEW YORK AVE
City DELAND FL Zip Code 32724

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 ROSE A. EDGECOMB PRES.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>MONSEUR, NEIL<br>PO BOX 781<br>DELAND, FL 32720 | ☐ Delete | PD<br>ROSE A EDGECOMB<br>5445 TURTAIN LANE<br>PORT ORANGE FL 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MONSEUR, MARGARET<br>PO BOX 781<br>DELAND, FL 32720 | ☐ Delete | SD<br>CHERYL MCGUIRE<br>5662 SE CABLE DRIVE<br>STUART FL 34997 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>EDGECOMB, ROSE<br>408 PATLIN AVE<br>DELAND, FL 32763 | ☐ Delete | TD<br>PATRICA CAISSE<br>401 N RIDGEWOOD AVE<br>DAYTONA BEACH, FL 32114 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** [signature] 2-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #