

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 029 ****61.25

DOCUMENT # N00000004481

1. Entity Name

OUR FATHERS CLOSET TOO, INC.



Principal Place of Business

1645 E NEW YORK AVE
DELAND FL

Mailing Address

1645 E NEW YORK AVE
DELAND FL

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

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

EDGEComb, ROSE A
1645 E. NEW YORK AVE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

ROSE EDGEComb

Street Address (P.O. Box Number is Not Acceptable)

1645 E NEW YORK AVE

DELAND

City

FLA

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. Edcomb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-14-06

DATE

FILE NOW FEE IS \$61.25
Due By September 6, 2006

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

TITLE PD
NAME EDGEComb, ROSE A ☐ Delete
STREET ADDRESS 5445 TRUTAN LANE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE SD
NAME MCGUIRE, CHERYL ☐ Delete
STREET ADDRESS 5662 SE CABLE DRIVE
CITY-ST-ZIP STUART FL 34997

TITLE TD
NAME CAISSE, PATRICIA ☐ Delete
STREET ADDRESS 401 N. RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rose A. Edcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-14-06

Daytime Phone #