2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N03000002628

Entity Name: OPERATION SHOEBOX OF FLORIDA, INC.

Current Principal Place of Business:

P. O. BOX 311535
TAMPA, FL 336801535

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 311535
TAMPA, FL 336801535

New Mailing Address:

FEI Number: 05-0561369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIASSON, PEGGY
1007 E. ELLICOTT ST.
TAMPA, FL 33603 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 ( ) Delete
Name: CHIASSON, PEGGY
Address: 1007 EAST ELLICOTT STREET
City-St-Zip: TAMPA, FL 33603

Title: OFC ( ) Delete
Name: MORROW, BEVERLY
Address: 1106 EAST ELLICOTT STREET
City-St-Zip: TAMPA, FL 33603

Title: OFC ( ) Delete
Name: LASATER, STAN
Address: 913 EAST NEW ORLEANS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: OFC ( ) Delete
Name: BANGHART, DAVID SCOTT
Address: 918 EAST NEW ORLEANS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: OFC ( ) Delete
Name: GRAY, VANESSA
Address: 28910 MIDNIGHT STAR LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: PEGGY CHIASSON PRES 04/05/2005

Electronic Signature of Signing Officer or Director Date