2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N03000008015

1. Entity Name
THE TOY STORE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3307 NORTH LAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US	3307 NORTH LAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US

04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-0230735

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
3307 NORTH LAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000911104
05/07/08-80026-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	CROSSEN, JOSEPH F
STREET ADDRESS	3307 NORTH LAKE BLVD #107
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	VPTD
NAME	WEARN, JAMES
STREET ADDRESS	260 JAMACIA LN
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VPSD
NAME	MOREHOUSE, DEAN
STREET ADDRESS	8800 PENNSYLVANIA AVE
CITY-ST-ZIP	UPPER MARLBORO, MD 20772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #