

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010697

FILED
Feb 02, 2009
Secretary of State

Entity Name: TREASURE BOX PROJECT, INC

Current Principal Place of Business:

2746 CARNATION COURT
DELRAY BCH, FL 33445

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 6592
DELRAY BCH, FL 334826592

New Mailing Address:

FEI Number: 65-1236341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAYNE, TODD S
4000 HOLLYWOOD BLVD #675-S
HOLLYWOOD, FL 33021 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: PDT () Delete
Name: HAMMER, SUZANNAH
Address: P.O.BOX 6592
City-St-Zip: DELRAY BCH, FL 334826592

Title: VD () Delete
Name: HAMMER, TIMOTHY
Address: 2746 CARNATION CT
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MULLON, KATHERINE
Address: 808 NE 5 AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MORTON, CAROLE
Address: 1501 S. OCEAN BLVD #P8
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: KARST, TERI
Address: 400 SE 10TH ST #211A
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: HOLLOWAY, CHRIS
Address: 2070 HOMEWOOD BLVD #508
City-St-Zip: DELRAY BEACH, FL 33445

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: DS (X) Change () Addition
Name: MORTON, CAROLE
Address: 1501 S. OCEAN BLVD #P8
City-St-Zip: BOCA RATON, FL 33432

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 exemption stated 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 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: SUZANNAH HAMMER

PDT

02/02/2009

Electronic Signature of Signing Officer or Director

Date