


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90034 033 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N07000005191 1. Entity Name 107. A1A'S TOYS FOR KIDS, INC. | | | |  | |
| Principal Place of Business 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | | | Mailing Address 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 8035 SPYGLASS HILL RD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State MELBOURNE FL | | 4. FEI Number 26-0221472 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32940 | | Country | | 07302008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent VICKERY, TIM 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 VICKERY, DAVID T 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR PHILICIA ROGERS 737 HARTSDALE AVE SW PALM BAY, FL 32908 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD VICKERY, CANDACE D 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CHARLOTTE HUTCHINSON 265 SATELLITE AVE SATELLITE BEACH, FL 32937 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KREUL, JULIAN 1871 PLANTATION CIRCLE SE PALM BAY, FL 32909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JULIANA KREUL 8035 SPYGLASS HILL ROAD MELBOURNE FL 32940 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTIN, DARLENE 1757 SOPHIAS DR. UNIT 104, MELBOURNE, FL 32940 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR MICHELLE ROBERTS 4550 FIRST STREET GRANT, FL 32949 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRUZZO-PRICE, THERESA 11 WINCOVE LANE ROCKLEDGE, FL 32955 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CHERI BEDFORD 5555 BRABROOK AVE GRANT, FL 32949 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAWSON, KIM 3940 RAMBLE WOOD COURT MELBOURNE, FL 32934 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR KELLY HARRIS 3770 BURTON RD VALKARIA, FL 32950 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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: <u>Juliana W Kreul</u> Treasurer 7/30/08 321-757-2020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |