

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33710 (7)
 1. Corporation Name
CHRISTMAS TOY SHOP PROJECT, INC.



Principal Place of Business: **550 16TH STREET NORTH ST. PETERSBURG FL 33706**
 Mailing Address: **550 16TH STREET NORTH ST. PETERSBURG FL 33706**

3. Date Incorporated or Qualified: **08/14/1989**
 3a. Date of Last Report: **06/15/1995**
 4. FEI Number: **59-0970736**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**BOYDSTUN, C. BRYANT, JR.
 2600 NINTH STREET NORTH
 ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLAND, ARDITH	1.2 NAME
STREET ADDRESS	1281 SNELL ISLAND BLVD	1.3 STREET ADDRESS
CITY - ST - ZIP	ST PETERSBURG FL 33703	1.4 CITY - ST - ZIP
TITLE	AST <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHART, DOROTHY	2.2 NAME
STREET ADDRESS	4526 41ST AVENUE NORTH	2.3 STREET ADDRESS
CITY - ST - ZIP	ST PETERSBURG FL 33714	2.4 CITY - ST - ZIP
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BARBARA	3.2 NAME
STREET ADDRESS	3859 4TH ST. N. #390	3.3 STREET ADDRESS
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, RICHARD	4.2 NAME
STREET ADDRESS	4201 WALNUT ST., N.E.	4.3 STREET ADDRESS
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

AST Change Addition
NADEAN JENSEN
4322 22ND AVE NO
ST. PETERSBURG, FL 33713
TD Change Addition
THOMAS E. McLAN SR.
1339 43RD AVE NO
ST. PETERSBURG FL 33703-4437

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas E. McLean Sr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-96 (813) 5260262
 Date Daytime Phone #

CR2E037 (3/96)