

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33710 (7)
1. Corporation Name
CHRISTMAS TOY SHOP PROJECT, INC.



Principal Place of Business 550 16TH STREET NORTH ST. PETERSBURG FL 33705	Mailing Address 550 16TH STREET NORTH ST. PETERSBURG FL 33705
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3. Date Incorporated or Qualified 08/14/1989	
4. FEI Number 59-0970736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BOYDSTUN, C. BRYANT, JR. 2800 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
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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 _____ (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	(D) BARBARA A. DONAH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTLAND, ARDITH	1.2 NAME	762 LIVE OAK TERR. NE
STREET ADDRESS	1281 SNELL ISLAND BLVD	1.3 STREET ADDRESS	ST. PETERSBURG FL 33703
CITY-ST-ZIP	ST PETERSBURG FL 33703	1.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAN JENSEN	2.2 NAME	
STREET ADDRESS	4322 22ND AVE. NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS E. MCLEAN, SR.	3.2 NAME	
STREET ADDRESS	1339 43RD AVE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	2ND V.P. DISTRIBUTION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWITT, RICHARD	4.2 NAME	MARY ANN HEWITT
STREET ADDRESS	4201 WALNUT ST., N.E.	4.3 STREET ADDRESS	4201 WALNUT ST. N.E.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	(D) <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENT S. MCLEAN	5.2 NAME	
STREET ADDRESS	200 BANDERA WAY NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FLA. 33704	5.4 CITY-ST-ZIP	
TITLE	(D) <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINA DOUGLASS	6.2 NAME	
STREET ADDRESS	2811 PASS-A-GRILLE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FLA. 33703	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. **THOMAS E. MCLEAN SR**
Date: **4-20-98** Daytime Phone: **(813) 898-3962**

CR2E037 (10/97)