

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N33710

Entity Name: CHRISTMAS TOY SHOP PROJECT, INC.

Current Principal Place of Business:

550 16TH STREET NORTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

550 16TH STREET NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-0970736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURPLUS, KAREN L
550 16TH STREET NORTH
ST. PETERSBURG, FL 33705 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: P () Delete
Name: JACKSON, SHARON
Address: 8001 MACOMA DR NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: SEC () Delete
Name: CURRY, LIZ
Address: 550 16TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: SURPLUS, KAREN
Address: 3518 BAYSHORE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D () Delete
Name: BELCHER, JIM
Address: 4028 AUDUBON DR.
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: MURRAY, GINNY
Address: 5065 DOVER ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: CASEY, LYNN
Address: 1911 SERPENTINE CI. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D (X) Change () Addition
Name: DICKINSON, DANETTE
Address: 1159 CORDOVA BLVD.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D () Change (X) Addition
Name: KAYE, ANN
Address: 5456 3RD AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33707

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: KAREN L. SURPLUS

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01/25/2009

Electronic Signature of Signing Officer or Director

_____ Date