

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 11 1996

DOCUMENT # **N93000001178 (3)**

1. Corporation Name

TOYS FOR TOTS OF THE MORRIS F. DIXON JR. DETACHMENT MARINE CORPS LEAGUE INC.

Principal Place of Business

Mailing Address

7223 61ST AVE. NO.
ST. PETERSBURG FL 33709

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ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1993	3a. Date of Last Report 07/12/1994
4. FEI Number 59-3246437	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 SAM DI POTO	26 7223 61 AV. N.
Suite, Apt. #, etc	Suite, Apt. #, etc
22 7223 61 AV. NORTH	27 ST. PETE. FL.
City & State	City & State
23 ST PETE FL.	28
Zip	Country
24 33709	25
29 33709	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIPOTO, SAM
7223 61ST AVE. NO
ST. PETERSBURG FL 33709

B1 Name SAM DI POTO
B2 Street Address (P.O. Box Number is Not Acceptable) 7223 61 AV. NORTH
B3 ST. PETE FL.
B4 City FL
B5 Zip Code 33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of position.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPOTO, SAM	12 NAME	
STREET ADDRESS	7223 61ST AVE. N.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33709	14 CITY ST ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIORANA, ART	22 NAME	
STREET ADDRESS	2813 PADDOCK DR	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL 34684	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWINSKI, MARVIN	32 NAME	
STREET ADDRESS	803 CANTERBURY RD	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(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: *Sam Di Poto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAM DI POTO

5/26/95 (913) 546-5423
Date Telephone #