## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300003431 (4)

FLORIDA'S TREASURE COAST DOLL CLUB, INC.					
Principal Place	e of Business	Mailing Address		4 LOSTITION OF 19100 OFFIL SOLIS	BONN ODNY KONN OCINO HILL ONDOO NYON NOOL HEBY
P.O. BOX 650152 P.O. BOX 650152 VERO BCH. FL 32965 VERO BCH. FL 3296		P.O. BOX 650152 VERO BCH, FL 32965			
9 Dissipal D				<ol> <li>Date Incorporated or Qualifit</li> <li>07/30/1993</li> </ol>	ed 3a. Date of Last Report 04/14/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		43-1527098	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	9 _ \$5.00 May Be
<b>23</b> Zip	Country	28		Trust Fund Contribution	Added to Fees
24	Country 25	Ζιρ <b>29</b>	Country 30		for intangible tax under s. 199.032,
	9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of Ne	Yes X No
			81 Name	14.4-	~ //
OWENS, NORA K 82 Street Address				VIKGNIA L. PAS Address (P.O. Box Number is Not Accer	CH Noble
917 STREAMLET AVE				Acidiess (i .o. box normal is not Accar	лашеј
SEBASTIAN FL 32958 83 505				05 22nd A11611	UE
			84 City	1/On Ponch	
11 Pursuant	to the provisions of Sections 617.0500	2 and 617 1500. Flyida Otal 4	<i>V</i>	EKO DEACH	<b>H</b> 12007 2
or register	red agent, or both, in the State of Flori	da. Such change was authorized	, the above named co by the corporation's	orporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its registered office appointment as registered agent. I am
	th, and accept the obligations of, Sect	tion 617.0503, Florida Statutes.	on the	,	21,2/2
SIGNATURE	Signature, typed or printed name of routstered agent	TASC H; [1859]	DE N   Registered Agont signature r	Accurred whose reject tiens	3/13/96
12.	OFFICERS AN	D DIRECTORS	13.		DEFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	OWENS, KAY	,	1.2 NAME	VIRGINIA L. PAS	C-1/
STREET ADDRESS	917 STREAMLET AVE		13 STREET ADDRESS	505 22nd AVENU	E
CHTY - ST - ZIP TITLE	SEBASTIAN FL	MODI CTC	1.4 CITY - ST - ZIP	505 Jand AVENU VERE BEACH, FL.	32962
NAME	VD VON BELLOW, NATASHA	DEFELE	2.1 TITLE	NANCY CAVAN	<b>⊠</b> Change
STREET ADDRESS	905 PEBBLE LN		2.2 NAME 2.3 STREET ADDRESS	2945 2md Place	e 5.00
CITY-ST-ZIP	VERO BCH FL		2 4 City-S1-ZIP		32968
TITLE	SD	<b>€ P©</b> ELETE	3.1 TITLE	Sh Pencing 12	Change Addition
NAME	CAVAN, NANCY	$\Lambda$	3 2 NAME	BILL BROWN	- ' - '
STREET ADDRESS	2945 2ND PL SW		3.3 STREET ADDRESS	7425 56th Squa	ers west
CITY-S1-2IP	VERO BCH FL		3.4. CITY-ST-ZIP	VERO BEACH, FL	32961
TITLE	T	DELETE	4.1 TITLE	T	Change Addition
NAME	PASCH, VIRGINIA L	•	4. 2 NAME	ELIZABETH STRICK	LER
STREET ADDRESS CITY+ST-ZIP	505 22ND AVE VERO BCH FL		4.3 STREET ADDRESS	SERASTIAN, FL	2-000
TITLE	VERO BOTI FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	SEBASTIAN, PL	32950
NAME			5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADORESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6 † TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		- —
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	v certify that the information numbers	with this filips is valuated in 6 100	6.4 CITY-ST-ZIP		
				lify for the exemption stated in Section 1 curate and that my signature shall have to a this report as required by Chapter 617,	
SIGNAT	URE: 8/2 shell	) truber	-	TREASURER 3/13,	196 (407)388-3592
	TOWNSTUNE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	H DIRECTOR	Date	Daytime Phone #