2008-N9T-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 03, 2008 08:00 A Secretary of State DOCUMENT # N94000002204 1. Entity Name THE SOUTH FLORIDA TOY SOLDIER CLUB, INC. Principal Place of Business Mailing Address %JOHN LESINSKI %JOHN LESINSKI 81 DAYTON ROAD 81 DAYTON ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Surie, Aut. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0496716 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESINSKI, JOHN Street Address (P.O. Box Number is Not Acceptable) **81 DAYTON ROAD** LAKE WORTH FL 33467 City Z_ip Code Fl 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed nervicioling streed agent and title if applicable DATE (NOTE: Registered Agent signability that used which recestating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State: _____ 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE Addition ☐ Change LESINSKI, JOHN U00000844643 NAME NAME 81 DAYTON ROAD STREET ADDRESS STREET ADDRESS 03/13/08-80007-008 61.25 LAKE WORTH FL 33467 CITY - ST - ZIP CITY-ST-ZIP DS TITLE ☐ Delate Change Addition MCGHEE, ALAN HALAS NAME 15612 SW 16 COURT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEITZ, HAROLD W NAME 5141 N.W. 84TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33391 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDPESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.