2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 24, 2005 08:00 AM DOCUMENT # N95000000401 **Secretary of State** 1. Entity Name THE PARKCHESTER SANTA CLAUS FUND, INC. Principal Place of Business Mailing Address 3518 EAST ROUNDTREE DRIVE 3518 EAST ROUNDTREE DRIVE COCOA FL 32926 **COCOA FL 32926** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3290475 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 MCGRATH, CHARLES A JR. Street Address (P.O. Box Number is Not Acceptable) 3518 EAST ROUNDTREE DRIVE **COCOA FL 32926** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be [7] Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete ☐ Change ists f tett Addition MCGRATH, CHARLES A JR. NAME NAME 3518 EAST ROUNDTREE DRIVE STREET ADDRESS STREET ADDRESS COCOA FL 32926 CRY-ST-ZP CHY-SE-ZIP INLE Defete HILE Change ☐ Addition 1100000194136 11/25/05-80089-002 70.00 MCGRATH, KELLY NAME MANAG 3518 E ROUNDTREE STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CHY-SI-2P 11112 ☐ Delete HE Change Addition MCGRATH, JO ELLEN NAME 3518 EAST ROUNDTREE DRIVE STREET ADDRESS STREET ADDRESS **COCOA FL 32926** CITY - ST - 73P CITY - 51 - 71P Delete ☐ Change ☐ Addition DILE THE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CHY-SI-ZIP ☐ Delete Dist Change Addition Addition HRE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CUY-SI-19 IGLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY ST-ZIP CSTY-S1-182 12. 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 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.

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