

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90052 002 ****70.00

DOCUMENT # N96000005175

1. Corporation Name

THE CHRISTMAS TOY HOUSE, INC.

Principal Place of Business

221 GRAHAM ROAD
FERN PARK FL 32730

Mailing Address

221 GRAHAM ROAD
FERN PARK FL 32730



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/04/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3410356

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARDI, ALDO
237 LOOKOUT PLACE STE 100
MAITLAND FL 32751

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRANT, LYNN J
STREET ADDRESS 221 GRAHAM ROAD
CITY-ST-ZIP FERN PARK FL 32730

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE D
NAME STANLEY, JACKIE
STREET ADDRESS 7245 SYLVAN COURT
CITY-ST-ZIP SANFORD FL 32771

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE VD
NAME RIGDON, DEBBIE
STREET ADDRESS 1635 BROOKS LANE
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE D
NAME STANLEY, LAURA
STREET ADDRESS 380 MARIGOLD RD
CITY-ST-ZIP CASSELBERRY FL 32707

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME GRANT, LAURA
STREET ADDRESS 1067 SINDING WATERS CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME WEIR, ALICE
STREET ADDRESS 312 SANTIAGO DRIVE
CITY-ST-ZIP WINTER PARK FL 32789

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Lynn J. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 407-339-7630
Date Daytime Phone #

CR2E037 (11/98)