

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005099

FILED
Apr 01, 2009
Secretary of State

Entity Name: HOUSEBOYS OF FLORIDA, TOYS FOR KIDS FOUNDATION, INC.

Current Principal Place of Business:

2716 RAVENWOOD CT
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

2716 RAVENWOOD CT
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 31-0025352 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLAN, SHER L
731 OAK AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MOATES, CHRIS
Address: 2716 RAVENWOOD CT
City-St-Zip: PANAMA CITY, FL 32444

Title: DIR () Delete
Name: COSTABILE, GARY
Address: 1504 E. 13TH PLAZA
City-St-Zip: LYNN HAVEN, FL 32444

Title: DIR () Delete
Name: LEMONS, SEAN
Address: 2753 N W FREEMAN ROAD
City-St-Zip: ALFORD, FL 32420

Title: DIR () Delete
Name: MCNEIL, STEVE
Address: 1702 MAINE AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DIR () Delete
Name: WOODARD, WOODY
Address: 2003 WINDJAMMER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DIR () Delete
Name: PIETRO, TOMMY
Address: 105 N. ROWE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: COSTABILE, GARY
Address: 2917 PALMETTO RIDGE WAY
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: PIETRO, ASHLEY
Address: 105 N. ROWE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS MOATES

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date