


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

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 020 ****61.25

DOCUMENT # N990000002886 1. Entity Name TOBY THE CLOWN FOUNDATION, INC.					
Principal Place of Business 112 W INTERLAKE BLVD LAKE PLACID FL 33852			Mailing Address P.O. BOX 2417 LAKE PLACID FL 33862		
2. Principal Place of Business 109 W. INTERLAKE BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State LAKE PLACID, FL.		City & State		4. FEI Number 31-1635839	
Zip 33852		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, KEITH D 1539 LAKE CLAY DRIVE LAKE PLACID FL 33852				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PELSKI, ALBIN 1400 CR 17 NORTH LAKE PLACID FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRAY, SANDRA K 3221 LINCOLN BLVD SEBRING FL 33875 <input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SANDRA K. MCCRAY 3201 LOCKMAN BLVD SEBRING FL. 33875 TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUREK, DIANNE 39 TWIN LAKES ROAD LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Delete		TITLE S NAME STREET ADDRESS CITY-ST-ZIP	PETTY, JOAN 1525 LAKE CLAY DR. LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORIO, FRANCIS 635 SUNSET POINTE DR LAKE PLACID FL 33852 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, KEITH D 1539 LAKE CLAY DRIVE LAKE PLACID FL 33852 <input type="checkbox"/> Delete		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	STOKES, KEITH D. 1539 LAKE CLAY DR. LAKE PLACID, FL. 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWN, SANDRA 743 NE LAKEVIEW DR SEBRING FL 33872 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: KEITH D. STOKES - Keith D. Stokes 3-9-05 863-465-4438 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					