


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90295 038 \*\*\*\*70.00

DOCUMENT # N99000002886 1. Entity Name TOBY THE CLOWN FOUNDATION, INC.	
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Principal Place of Business 109 W INTERLAKE BLVD LAKE PLACID, FL 33852	Mailing Address P.O. BOX 2417 LAKE PLACID, FL 33862
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-1635839	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <del>PELOKI, ALBIN</del> DENNIS KORANDA 1400 GR 17 NORTH 2701 VAN PELT ROAD LAKE PLACID, FL 33852 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>MCGRAY, SANDRA K</del> SANDRA K HINMAN 9209 LOCKMAN BLVD 3207 LOCKMAN BLVD SEBRING, FL 33875 SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>PETTY, JOAN</del> THOMAS STARK 1525 LAKE CLAY DR 4401 WILLOW TRAIL LAKE PLACID, FL 33862 SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B-2VP YORIO, FRANCIS 17904 SE 106 CT. 636 SUNSET POINTE DR SUMMERFIELD, FL. LAKE PLACID, FL 33862 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, KEITH D 1539 LAKE CLAY DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra K Hinman 4-25-06 W 863 6995010 H 863 3853816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #