

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90261 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S89317**

1. Corporation Name  
**TREASURE CHEST FUNDRAISING, INC.**



Principal Place of Business 11731-1 PHILIPS HWY JACKSONVILLE FL 32256 US	Mailing Address 11731-1 PHILIPS HWY JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5783 MINING TERRACE</b>	2a. Mailing Address 26 <b>5783 MINING TERRACE</b>
Suite, Apt. #, etc. 22 <b>STE # 6</b>	Suite, Apt. #, etc. 27 <b>SUITE # 6</b>
City & State 23 <b>JACKSONVILLE FL</b>	City & State 28 <b>JACKSONVILLE FL</b>
Zip 24 <b>32257</b>	Country 25 <b>US</b>
Country 29 <b>US</b>	Zip 30 <b>32257</b>
County 25 <b>DUVAL</b>	County 30 <b>DUVAL</b>

3. Date Incorporated or Qualified <b>10/23/1991</b>	Applied For Not Applicable
4. FEI Number <b>59-3088430</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MALONE, BEN TUCKER**  
**2619 WRIGHTSON**  
**JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name <b>MALONE BEN TUCKER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>220 RIVER PLANTATION ROAD So.</b>
83
84 City <b>ST. AUGUSTINE</b>
85 State <b>FL</b>
86 Zip Code <b>32902</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PVS</b>	<input type="checkbox"/>
NAME	<b>OWEN, KEITH</b>	
STREET ADDRESS	<b>12571 CHICORA LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>OWEN, KEITH</b>	
STREET ADDRESS	<b>12571 CHICORA LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PVS</b>	<input type="checkbox"/>
NAME	<b>MALONE, BEN TUCKER</b>	
STREET ADDRESS	<b>2619 WRIGHTSON</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>MALONE, BEN TUCKER</b>	
STREET ADDRESS	<b>2619 WRIGHTSON</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 607, 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: *Ben Tucker Malone* **ACQUIRED** 4/2/99 Date 904-262-8655 Daytime Phone #

CR2E034 (1/98)