

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-20-1999 90261 008 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

59-3088430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5783 MINING TERRACE

2a. Mailing Address

26 5783 MINING TERRACE

Suite, Apt. #, etc.

22 STE # 6

Suite, Apt. #, etc.

27 SUITE # 6

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32257

Country

25 US

Zip

29 32257

Country

30 US

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 MALONE BEN TUCKER
82 Street Address (P.O. Box Number is Not Acceptable) 220 RIVER PLANTATION ROAD So.
83
84 City ST. AUGUSTINE FL 85 Zip Code 32902

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE
NAME OWEN, KEITH
STREET ADDRESS 12571 CHICORA LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE
NAME OWEN, KEITH
STREET ADDRESS 12571 CHICORA LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE PVS ☐ DELETE
NAME MALONE, BEN TUCKER
STREET ADDRESS 2619 WRIGHTSON
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE
NAME MALONE, BEN TUCKER
STREET ADDRESS 2619 WRIGHTSON
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

904-262-8655

Daytime Phone #

CR2E034 (11/98)

0042968