

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33710

**Entity Name:** CHRISTMAS TOY SHOP PROJECT, INC.

**Current Principal Place of Business:**

550 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

550 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

**FEI Number:** 59-0970736

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SURPLUS, KAREN  
3518 BAYSHORE BLVD. NE  
ST. PETERSBURG, FL 33705 US

*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

**Officer/Director Detail :**

Title P  
Name OWEN, LYNDA  
Address 3518 BAYSHORE BLVD. NE  
City-State-Zip: ST PETERSBURG FL 33701

Title TREASURER  
Name CURRY, LIZ  
Address 1314 SNELL ISLE BLVD. NE #3  
City-State-Zip: SAINT PETERSBURG FL 33704

Title D  
Name BELCHER, JIM  
Address 4028 AUDUBON DRIVE  
City-State-Zip: LARGO FL 33771

Title D  
Name OWEN, TOBIE  
Address 1758 MISSISSIPPI AVE. NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title D  
Name CUNNINGHAM, MARY LOU  
Address 175 2ND ST. S. #908  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name HALE, KAREN  
Address 7711 COQUINA WAY  
City-State-Zip: SAINT PETERSBURG BEACH FL 33706

Title BOARD  
Name MURRAY, VIRGINIA  
Address 5065 DOVER ST. NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title BOARD  
Name ROBINSON, WAYNE  
Address 6315 CENTRAL  
City-State-Zip: ST. PETERSBURG FL 33710

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KAREN SURPLUS

**FORMER TREASURER**

**06/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD  
Name WILSON, KEN  
Address 411 WALNUT ST. #455  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title DIRECOTR  
Name BARTH, DENNIS  
Address 550 16TH STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33705