

**2014 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 SEC  
Name CURRY, LIZ  
Address 1314 SNELL ISLE BLVD. NE #3  
City-State-Zip: SAINT PETERSBURG FL 33704

Title T  
Name SURPLUS, KAREN  
Address 3518 BAYSHORE BLVD. NE  
City-State-Zip: ST PETE BEACH FL 33701

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

*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 L SURPLUS**

**TREASURER**

**05/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date