

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 08, 2005  
Secretary of State**

DOCUMENT# N95000001793

Entity Name: HOPE THRIFT STORES, INC.

**Current Principal Place of Business:**

11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 62-0879012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHAFFER, AL  
11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HIGGINS, MIKE L  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: TD      ( ) Delete  
Name: SCHAFFER, ALFRED W  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: VD      ( ) Delete  
Name: MORROW, BRYAN  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: STOMBAUGH, ROGER  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALFRED SCHAFFER

TD

03/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date