2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706639

Entity Name: THRIFT INC

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM BEACH, FL 33480

LOVE, ELEANOR L

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1850 FOREST HILL BLVD, STE 109

WEST PALM BEACH, FL 33406

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
375 SOUTH COUNTY ROAD, STE 205 PALM BEACH, FL 33480				375 SOUTH COUNTY ROAD SUITE 205 PALM BEACH, FL 33480		
Current Mailing Address:				New Mailing Address:		
375 SOUTH COUNTY ROAD, STE 205 PALM BEACH, FL 33480				375 SOUTH COUNTY ROAD SUITE 205 PALM BEACH, FL 33480		
FEI Number:	59-0802932	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MADDOCK, PAUL L JR 375 SOUTH COUNTY ROAD, STE 205 PALM BEACH, FL 33480 US				MADDOCK, PAUL L JR 375 SOUTH COUNTY ROAD SUITE 205 PALM BEACH, FL 33480 US		
The above in the State		submits this statement for the pu	ırpose c	of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/12/2009		
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MADDOCK, PAL	UNTY ROAD, STE 205		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () HOPKINS, RANI 238 NIGHTINGA PALM BEACH, I	ALE TR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD () KERESEY, ANN 145 PERLIVIAN			Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL L. MADDOCK, JR. S 03/12/2009

() Change () Addition