

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706639

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: THRIFT INC

**Current Principal Place of Business:**

375 SOUTH COUNTY ROAD, STE 205  
PALM BEACH, FL 33480

**New Principal Place of Business:**

375 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH, FL 33480

**Current Mailing Address:**

375 SOUTH COUNTY ROAD, STE 205  
PALM BEACH, FL 33480

**New Mailing Address:**

375 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH, FL 33480

FEI Number: 59-0802932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADDOCK, PAUL L JR  
375 SOUTH COUNTY ROAD, STE 205  
PALM BEACH, FL 33480 US

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

MADDOCK, PAUL L JR  
375 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH, FL 33480 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:

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MADDOCK, PAUL L JR  
Address: 375 SOUTH COUNTY ROAD, STE 205  
City-St-Zip: PALM BEACH, FL 33480

Title: VSD ( ) Delete  
Name: HOPKINS, RANDOLPH A  
Address: 238 NIGHTINGALE TR  
City-St-Zip: PALM BEACH, FL 33480

Title: TD ( ) Delete  
Name: KERESSEY, ANN  
Address: 145 PERUVIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: LOVE, ELEANOR L  
Address: 1850 FOREST HILL BLVD, STE 109  
City-St-Zip: WEST PALM BEACH, FL 33406

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

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

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

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

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

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.

SIGNATURE: PAUL L. MADDOCK, JR.

S

03/12/2009

Electronic Signature of Signing Officer or Director

Date