

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706639

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: THRIFT INC

**Current Principal Place of Business:**

375 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

375 SOUTH COUNTY ROAD  
SUITE 205  
PALM BEACH, FL 33480

**New Mailing Address:**

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  
SUITE 205  
PALM BEACH, FL 33480 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: P  
Name: MADDOCK, PAUL L JR  
Address: 375 SOUTH COUNTY ROAD, STE 205  
City-St-Zip: PALM BEACH, FL 33480

Title: VPSD  
Name: HOPKINS, RANDOLPH A  
Address: 238 NIGHTINGALE TR  
City-St-Zip: PALM BEACH, FL 33480

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

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

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: ELEANOR L LOVE

DIR

04/25/2012

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

\_\_\_\_\_  
Date