


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 732573 (1)

1. Corporation Name
COMMUNITY THRIFT SHOP, INC.

Principal Place of Business 420 41ST. ST. W. BRADENTON FL 34209	Mailing Address 420 41ST. ST. W. BRADENTON FL 34209-2944
---	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/25/1975	3a. Date of Last Report 03/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7439471	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLALOCK, ROBERT G. 1101 8TH AVENUE WEST BRADENTON FL	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, LINDA	1.2 NAME	Hayes, Linda
STREET ADDRESS	2403 LANDINGS CIR	1.3 STREET ADDRESS	2403 Landings Cir.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, Fl. 34209
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORANDER, GEORGETTE	2.2 NAME	Kitz, Linda
STREET ADDRESS	7306 13TH AVE W.	2.3 STREET ADDRESS	1407 Riverview Cir.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, Fl. 34209
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	TOMMASI, MARILYN	3.2 NAME	
STREET ADDRESS	3780 PINEBOORCK CR #307	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMIN, MARILYN	4.2 NAME	Kallenbach, Kathy
STREET ADDRESS	8843 WILD DUNES DR.	4.3 STREET ADDRESS	3405 62nd St., E.
CITY-ST-ZIP	SARASOTA FL 34241	4.4 CITY-ST-ZIP	Bradenton, Fl. 34208
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUCHER, PAT	5.2 NAME	Pistone, Frankie
STREET ADDRESS	1411 43RD AVE. DR. WEST	5.3 STREET ADDRESS	308 Spring Lakes Blvd.
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	Bradenton, Fl. 34210
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAGLAND, MARY	6.2 NAME	Hoagland, Mary
STREET ADDRESS	801 26TH AVE. WEST	6.3 STREET ADDRESS	801 26th Ave., West
CITY-ST-ZIP	PALMETTO FL 34221	6.4 CITY-ST-ZIP	Palmetto, Fl. 34221

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Tommasi Marilyn Tommasi, Treasurer 3/24/97 941-795-8829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061910

CR2E037 (9/96)

DIRECTORS

Mancini, Joyce
1800 1st Ave., N.W.
Bradenton, Fl. 34205

Amin, Marilyn
8843 Wild Dunes Dr.
Sarasota, Fl. 34241