

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/25/1975
4. FEI Number 23-7439471
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLALOCK, ROBERT G. 1101 8TH AVENUE WEST BRADENTON FL	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	P <input type="checkbox"/> DELETE	1.1 TITLE	D <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 type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITZ, LINDA	2.2 NAME	KITZ, LINDA
STREET ADDRESS	1407 RIVERVIEW CIRCLE	2.3 STREET ADDRESS	1407 RIVERVIEW CR.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMASI, MARILYN	3.2 NAME	MANCINI JOYCE
STREET ADDRESS	3780 PINEBOORK CR #307	3.3 STREET ADDRESS	1600 1ST AVE. N.W.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLENBACH, KATHY	4.2 NAME	ABNEY, DARLENE
STREET ADDRESS	3405 62ND ST E	4.3 STREET ADDRESS	254 ROBIN DR.
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISTONE, FRANKIE	5.2 NAME	WEDDING, JANET
STREET ADDRESS	308 SPRING LAKES BLVD	5.3 STREET ADDRESS	1418 ROSSLYN DR.
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAGLAND, MARY	6.2 NAME	HOAGLAND MARY
STREET ADDRESS	801 26 AVE W	6.3 STREET ADDRESS	801 26TH AVE W
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	PALMETTO, FL 34221

14. I 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 _____

CR2E037 (10/97)

Additional Directors:

Ferguson, Robyn
4711 Hidden Forest Lane
Sarasota, Florida 34235

Greene, Helen
3912 17th Avenue West
Bradenton, Florida 34205

Moody, Cheryl
410 31st Street NW
Bradenton, Florida 34205