

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90114 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 732573**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/25/1975
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7439471
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, LINDA	1.2 NAME	ABNEY, DARLENE
STREET ADDRESS	2403 LANDINGS CIR	1.3 STREET ADDRESS	254 ROBIN DR.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITZ, LINDA	2.2 NAME	WEDDING, JANET
STREET ADDRESS	1407 RIVERVIEW CIRCLE	2.3 STREET ADDRESS	1418 ROSSLYN DR.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANCINI, J	3.2 NAME	FERGUSON, ROBYN
STREET ADDRESS	1600 1ST AVE NW	3.3 STREET ADDRESS	7638 ALBERT TULLINGHAST DR.
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	SARASOTA FL 34240
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLENBACH, KATHY	4.2 NAME	MOODY, CHERYL
STREET ADDRESS	3405 62ND ST E	4.3 STREET ADDRESS	410 31ST ST W
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISTONE, FRANKIE	5.2 NAME	BARBARA MIRE
STREET ADDRESS	308 SPRING LAKES BLVD	5.3 STREET ADDRESS	412 51ST ST W
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOAGLAND, MARY	6.2 NAME	
STREET ADDRESS	801 26 AVE W	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Janet B. Wedding*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (941) 748-1355  
 Date Daytime Phone #

CR2E037 (1/98)