


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90054 050 ****61.25

DOCUMENT # 732573	
1. Entity 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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2. Principal Place of Business 5704 Manatee Ave. West	3. Mailing Address 5704 Manatee Ave. West
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL.	City & State Bradenton, FL.
Zip 34209	Country U.S.A.
Zip 34209	Country U.S.A.



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent BLALOCK, ROBERT G. 1101 8TH AVENUE WEST BRADENTON FL	
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4. FEI Number 23-7439471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONANNO, VALERIE 8619 11TH AVE N.W BRADENTON FL 34209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAGNER, GABRIELA C <input type="checkbox"/> Delete 5940 GULF OF MEXICO DR. LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORSTMANN, VICTORIA <input type="checkbox"/> Delete 2008 91ST ST. N.W. BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGLER, LOIS <input type="checkbox"/> Delete 7719 13TH AVE. N.W. BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, PATTY VP <input type="checkbox"/> Delete 6425 FORRESTER DR. BRADENTON FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREWS, MARY <input checked="" type="checkbox"/> Delete 6964 COUNTRY LAKES CIRCLE SARASOTA FL 34243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Shelina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3210 Riverview Blvd. Bradenton, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mire, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 412 51st St. N.W. Bradenton, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simons, Stacie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8915 12th Ave. N.W. Bradenton, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Platt, Susan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 720 Penfeld St. Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	White, Jo Ann T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 290 Nassau Dr. Palmetto, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Mire* **Secretary** *1/29/04* *941-948-1355*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #