


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90067 046 ****61.25

DOCUMENT # 732573 1. Entity Name COMMUNITY THRIFT SHOP, INC.					
Principal Place of Business 5704 MANATEE AVE. WEST BRADENTON, FL 34209				Mailing Address 5704 MANATEE AVE. WEST BRADENTON, FL 34209	
2. Principal Place of Business 5704 Manatee Ave. West Suite, Apt. #, etc.		3. Mailing Address 5704 Manatee Ave. W Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 23-7439471	
Zip 34209		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLALOCK, ROBERT G. 1101 8TH AVENUE WEST BRADENTON, FL				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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SHELINA 3210 RIVERVIEW BLVD. BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	White, Jo Ann T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WAGNER, GABRIELA 5940 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chappelle, Charlotte D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORSTMANN, VICTORIA 2008 91ST ST. N.W. BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Platt, Susan S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGLER, LOIS 7719 13TH AVE. N.W. BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Simons, Stacie D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, PATTY 6425 FORRESTER DR. BRADENTON, FL 34202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trotman, Dot D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRE, BARBARA 412 51ST ST. N.W. BRADENTON, FL 34209		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: <u>Lois A. Vogler</u> <u>Lois A. VOGLER</u> <u>2/15/05</u> <u>941-792-2253</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					