

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732573

FILED
Apr 20, 2006
Secretary of State

Entity Name: COMMUNITY THRIFT SHOP, INC.

Current Principal Place of Business:

5704 MANATEE AVE. WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

5704 MANATEE AVE. WEST
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 23-7439471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, ROBERT G.
1101 8TH AVENUE WEST
BRADENTON, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, SHELINA
Address: 3210 RIVERVIEW BLVD.
City-St-Zip: BRADENTON, FL 34205

Title: C () Delete
Name: WAGNER, GABRIELA
Address: 5940 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P () Delete
Name: HORSTMANN, VICTORIA
Address: 2008 91ST ST. N.W.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: VOGLER, LOIS
Address: 7719 13TH AVE. N.W.
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: ADAMS, PATTY
Address: 6425 FORRESTER DR.
City-St-Zip: BRADENTON, FL 34202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WAGNER, GABRIELA
Address: 5940 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ADAMS, PATTY
Address: 6425 FORRESTER DR.
City-St-Zip: BRADENTON, FL 34202

Title: VP () Change (X) Addition
Name: CHAPPELLE, CHARLOTTE B
Address: 1708 71ST W.
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY L. TROTMAN

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04/20/2006

Electronic Signature of Signing Officer or Director

Date