


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90034 007 ****61.25

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|--|--|--|---|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 02272008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 23-7439471 | |
| Zip Country | | Zip Country | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | P NARTIN, SHELINA 3210 RIVERVIEW BLVD. BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTIN, SHELINA 3210 RIVERVIEW BLVD. BRADENTON, FL 34205 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WAGNER, GABRIELA 5940 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WAGNER, GABRIELA 5940 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TROTMAN, DOROTHY 4517 3RD AVE. DR. E. BRADENTON, FL 34208 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILL, MIRANDA 2708 BAY DRIVE BRADENTON, FL 34207 | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACCHI, DEBRA 5832 TIDEWOOD AVE. SARASOTA FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, PATTY 6425 FORRESTER DR. BRADENTON, FL 34202 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWARD, DORIS 210 3RD ST. W. # 8105 BRADENTON, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHAPPELLE, CHARLOTTE B 1708 71ST W. BRADENTON, FL 34209 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLATT, SUE 720 PENFIELD ST. LONGBOAT KEY, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Shelina Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3/27/08 (94) 792-2253</u> <small>Date Daytime Phone #</small> | | |