

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004710

FILED
Apr 22, 2008
Secretary of State

Entity Name: FORT WHITE COMMUNITY THRIFT SHOP, INC.

Current Principal Place of Business:

163 SW COULTER AVE.
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

PO BOX 996
FT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3725169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, BETTY M
163 SOUTH WEST COULTER AVENUE
FORT WHITE, FL 32038 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: ST () Delete
Name: BUSH, BETTY M
Address: 224 SW MORELAND BUSH CT
City-St-Zip: FORT WHITE, FL 32038

Title: BM (X) Delete
Name: MOSELEY, HARRY SR.
Address: PO BOX 1321
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: MOSELEY, CONNIE G
Address: 1038 SW CR 18
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: ROACH, JAMES W
Address: 1306 N W 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 326054426

Title: D () Delete
Name: MAICO, DR. DAN
Address: 7409 N W 20TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BETTY M. BUSH

BM

04/22/2008

Electronic Signature of Signing Officer or Director

Date