

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004710

FILED  
Feb 14, 2012  
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  
Name: BUSH, BETTY M  
Address: 224 SW MORELAND BUSH CT  
City-St-Zip: FORT WHITE, FL 32038

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

Title: D  
Name: MOSELEY, DOUGLAS L  
Address: 362 SW MCCLINTON DR.  
City-St-Zip: FORT WHITE, FL 32038

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

Title: BM  
Name: ROACH, SUSAN B  
Address: 1306 NW 51 TERR.  
City-St-Zip: GAINESVILLE, FL 32305

Title: D  
Name: BRANNON, WAYNE  
Address: 2152 SW SR 247  
City-St-Zip: LAKE CITY, FL 32024

I hereby 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 all other like empowered.

SIGNATURE: BETTY M. BUSH

ST

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date