2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

						05-01-2008 90250 030 ****61.25				
DOCUMENT # N0000006107 1. Entity Name ASSOCIATION OF CHRISTIAN THRIFT STORES, INC.					40004		.5 > 0250	.50		
Principal Place of Business 112 W CERVANTES ST PENSACOLA, FL 32501		Mailing Address PO BOX 870 PENSACOLA, FL 32591				41 1((41 (1) 44 (1) (64 88 68 <u>1</u>	14 1 1 12411 44 111 14 4 11	êt vi irvi	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008 _C	hg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-370097	4. FEI Number 59-3700978			olied For Applicable	
Zip	Country	Zip		Country	5. Certificate of S	tatus Desired		\$8.75 Addi		
	6. Name and Address of Current	Registere	d Agent		7. Name and Add	ress of Nev	v Registered	Agent		
				Name						
3 W GARD	IAN, GARY B DEN ST DLA, FL 32501			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	#6									
				City			FL	Zip Code		
	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its	egistered office or reg	gistered agent, or both, in	the State of	Florida. I am	tamiliar with,	and accept	
	ions or registered agent.									
SIGNATURE	•									
: ,	Signature, typed or printed name of registered agen	I and title if app	licable. (NOTE	Registered Agent signature re	equired when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Campaign I Due by May 1, 2008 Trust Fund Contribu					\$5.00 May Be Added to Fees	F		k payable to		
·10.	OFFICERS AND D	IBECTORS		11.	ADDITIONS/CHANG	SES TO OFFI	CERS AND D	IBECTORS IN	10	
TITLE	PD		☐ Delete	TITLE	7.55111011070111110	323 10 0111	02/10/11/03	☐ Change	Addition	
NAME STREET ADDRESS	GRAY, LEO		_ 55.00	NAME STREET ADORESS				_, -	-	
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP		,				
TITLE NAME	STD PIPKINS, DANNY		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	112 W CERVANTES ST			STREET ADDRESS						
	PENSACOLA, FL 32594			CITY-ST-ZIP						
TITLE NAME	D KITCHEN, ROGER		Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	2320 1ST STREET			STREET ADDRESS						
CITY-ST-ZIP	HUNTSVILLE, AL 35805			CITY-ST-ZIP						
TITLE	D TOOL		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	WEST, TROY 125 SOUTH HARRISON AVE			NAME STREET ADDRESS						
CITY-ST-ZIP	OXNARD, CA 93030			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE			-	☐ Change	Addition	
NAME	CLARK, KENT			NAME						
STREET ADDRESS CITY-ST-ZIP	35 E HURON ST PONTIAC, MI 48342			STREET ADDRESS CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	 			☐ Change	Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	•			CITY-ST-ZIP						

12. Thereby 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:

SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

857-232-1233

Daytime Phone #