

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90317 045 ****61.25

DOCUMENT # N00000007227

1. Entity Name

ST. FRANCIS THRIFT BOW-TIQUE, INC.



Principal Place of Business

211 MCDONALD ST.
LAKELAND FL 33803

Mailing Address

211 MCDONALD ST.
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTHERFORD, MARY C
912 HEATHERCREST
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete
NAME VARAN, MINA
STREET ADDRESS 6310 PINE LANE
CITY-ST-ZIP LAKELAND FL 33813

TITLE VD ☐ Delete
NAME SANDUSKY, REBECCA
STREET ADDRESS 1440 FAIRHAVEN DRIVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE SD ☒ Delete
NAME MURPHY, KAREN
STREET ADDRESS 1314 FAIRLEE
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☐ Delete
NAME RUTHERFORD, MARY
STREET ADDRESS 912 WEATHERCREST
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☐ Addition
NAME GINNY GERMOND
STREET ADDRESS 6788 TRAIL RIDGE DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME GLORIA BUTLER
STREET ADDRESS 3803 OLD HIGHWAY 37 #125
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary C. Rutherford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY C. RUTHERFORD 4/25/04 863-802-5103

Date

Daytime Phone #