

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 040 ****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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTHERFORD, MARY C
912 HEATHERCREST
LAKELAND FL 33813

GLORIA BUTLER
439 LAKE CAROLYN CIR
LAKELAND - FL. 33813

Name

GLORIA BUTLER

Street Address (P.O. Box Number is Not Acceptable)

439 LAKE CAROLYN CIRCLE

City

LAKELAND

FL

Zip Code

33813

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

Gloria Butler

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, 2005

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
GERMOND, GINNY
6788 TRAIL RIDGE DR.
LAKELAND FL 33813 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BUTLER, GLORIA
3803 OLD HWY. 37, #125
LAKELAND FL 33813 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
BARBARA BAKER
629 LARK DR.
LAKELAND - FL. 33813 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
GLORIA BUTLER
439 LAKE CAROLYN CIRCLE ☒ Change ☐ Addition

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

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

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:

Gloria Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-05

Date

863-646-4815

Daytime Phone #