


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007227 1. Entity Name ST. FRANCIS THRIFT BOW-TIQUE, INC.	
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Principal Place of Business 211 McDONALD ST. LAKE LAND, FL 33803	Mailing Address 211 McDONALD ST. LAKE LAND, FL 33803
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04212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BUTLER, GLORIA 439 LAKE CAROLYN CIRCLE LAKE LAND, FL 33813
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**DO NOT WRITE  
IN THIS SPACE**

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 DATE: 4-25-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GERMOND, GINNY 6788 TRAIL RIDGE DR. LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDUSKY, REBECCA 1440 FAIRHAVEN DRIVE LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, BARBARA 629 LARK DR LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, GLORIA 439 LAKE CAROLYN CIRCLE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000537199  
05/09/06-80007-023 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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: Gloria Butler GLORIA BUTLER 4-25-06 1683-2618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #