

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006618

FILED
Apr 28, 2005
Secretary of State

Entity Name: A+ THRIFT SHOP FOR EDUCATION CORP

Current Principal Place of Business:

95 S. PLUMOSA ST
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

95 S. PLUMOSA ST
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3745864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACK, PAMELA S
5698 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 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: VD () Delete
Name: SHIRLEY, QUINN
Address: 5700 N TROPICAL TERR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: LAURIE, ERSKINE
Address: 1215 TWIN LAKES RD
City-St-Zip: COCOA, FL 32926

Title: PD () Delete
Name: PAMELA, PACK S
Address: 5698 N TROPICAL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA S. PACK

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date