

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006758

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** HOPE THRIFT CENTERS, INCORPORATED

**Current Principal Place of Business:**

3111 SOUTHWEST 10TH ST  
POMPANO BEACH, FL 330699902

**New Principal Place of Business:**

**Current Mailing Address:**

3111 SOUTHWEST 10TH ST  
POMPANO BEACH, FL 330699902

**New Mailing Address:**

**FEI Number:** 31-1802933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUSSARD, ARNOLD A  
3111 SOUTHWEST 10TH ST  
POMPANO BEACH, FL 330699902

**Name and Address of New Registered Agent:**

WEBBER, CINDY L  
3111 SOUTHWEST 10TH ST  
POMPANO BEACH, FL 330699902

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: CINDY L. WEBBER

04/27/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOSKINS, BOB  
Address: 3111 SOUTHWEST 10TH ST  
City-St-Zip: POMPANO BEACH, FL 330699902

Title: D ( ) Delete  
Name: HOSKINS, ROB  
Address: 3111 SOUTHWEST 10TH ST  
City-St-Zip: POMPANO BEACH, FL 330699902

Title: TSD ( ) Delete  
Name: BROUSSARD, ARNOLD A  
Address: 3111 SOUTHWEST 10TH ST  
City-St-Zip: POMPANO BEACH, FL 330699902

Title: PD ( ) Delete  
Name: HOSKINS, GEORGE  
Address: 3111 SOUTHWEST 10TH ST  
City-St-Zip: POMPANO BEACH, FL 330699902

**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:

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: ARNOLD BROUSSARD

TSD

04/27/2004

Electronic Signature of Signing Officer or Director

Date