

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006758

FILED
Apr 22, 2005
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:

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

AGEN

04/22/2005

Electronic Signature of Signing Officer or Director

Date