

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007911

FILED
Jan 20, 2005
Secretary of State

Entity Name: ADVENTURE THRIFT CENTER, INC.

Current Principal Place of Business:

32714 COUNTY ROAD 473
LEESBURG, FL 34788

New Principal Place of Business:

3800 STATE ROAD 19
TAVARES, FL 32778

Current Mailing Address:

32714 COUNTY ROAD 473
LEESBURG, FL 34788

New Mailing Address:

3800 STATE ROAD 19
TAVARES, FL 32778

FEI Number: 20-0271716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORN, WYBURN
32714 COUNTY ROAD 473
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

OSBORN, WYBURN
137 SYCAMORE DRIVE
TAVARES, FL 32778 US

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:

01/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYKSTRA, DOUG
Address: 32714 COUNTY ROAD 473
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: OSBORN, WYBURN
Address: 32714 COUNTY ROAD 473
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HANSON, MICHELLE
Address: 32714 COUNTY ROAD 473
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DYKSTRA, DOUG
Address: 3800 STATE ROAD 19
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: OSBORN, WYBURN
Address: 3800 STATE ROAD 19
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: HANSON, MICHELLE
Address: 3800 STATE ROAD 19
City-St-Zip: TAVARES, FL 32778

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: WYBURN K. OSBORN

D

01/20/2005

Electronic Signature of Signing Officer or Director

Date