


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90196 032 \*\*\*\*61.25

<b>DOCUMENT # N04000000473</b> 1. Entity Name <b>COMMUNITY THRIFT BOUTIQUE BY THE SEA, INC.</b>					
Principal Place of Business <b>1546 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176</b>				Mailing Address <b>1546 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176</b>	
2. Principal Place of Business <b>Same as below</b>		3. Mailing Address <b>1464 Ocean Shore</b>			
Suite, Apt. #, etc. <b>1464 Ocean Shore</b>		Suite, Apt. #, etc. <b>1464 Ocean Shore</b>			
City & State <b>Ormond Beach</b>		City & State <b>Ormond Beach</b>			
Zip <b>32176</b>		Country <b>Volusia</b>		Zip <b>32176</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>			
4. FEI Number <b>20-0696027</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name <b>Marie Sciacca</b> Street Address (P.O. Box Number is Not Acceptable) <b>1464 Ocean Shore Blvd</b> City <b>Ormond Beach</b> FL Zip Code <b>32176</b>	
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 <u><i>Marie Sciacca</i></u> <span style="float: right;">1-9-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCIACCA, MARIE <input type="checkbox"/> Delete 5500 OCEAN SHORE BLVD., UNIT 83 ORMOND BEACH, FL 32176			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIACCA, GLORIA <input type="checkbox"/> Delete 5500 OCEAN SHORE BLVD., UNIT 83 ORMOND BEACH, FL 32176			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, MELISSA <input type="checkbox"/> Delete 1546 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u><i>Marie Sciacca</i></u></b> <span style="float: right;">1-9-06 441-1100</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					