


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 035 ****61.25

DOCUMENT # N04000003704		
1. Entity Name ST. AMBROSE THRIFT SHOP, INC.		

Principal Place of Business 201 S.E. 15TH TERRACE DEERFIELD BEACH, FL 33441	Mailing Address 201 S.E. 15TH TERRACE DEERFIELD BEACH, FL 33441
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54065316



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07212004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 72-1555232	Applied For Not Applicable
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5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENISCH, GEORGE J
201 S.E. 15TH TERRACE
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WENISCH, GEORGE J	
STREET ADDRESS	788 W. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 33486	

TITLE	D	<input type="checkbox"/> Delete
NAME	WENISCH, LISA M	
STREET ADDRESS	788 W. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 33486	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Lisa Wenisch LISA WENISCH

7/21/04 (954) 420-0503

Date Daytime Phone #