

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011029

FILED
Apr 14, 2009
Secretary of State

Entity Name: SWAP SHOP CHARITY CORP.

Current Principal Place of Business:

3291 WEST SUNRISE BLVD
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

3291 WEST SUNRISE BLVD
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 20-3285570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATHERS, PAUL
2302 E. HILLSBOROUGH AVE.
TAMPA, FL 33610 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: DP () Delete
Name: HENN, PRESTON
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DS () Delete
Name: MCDONALD, TOM
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: D () Delete
Name: SCOTT, JIM
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DV () Delete
Name: CATHERS, CHRISTINA H
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DT () Delete
Name: CATHERS, PAUL
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PRESTON HENN

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date