

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 032 ****61.25

DOCUMENT # N06000003655

1. Entity Name

ST. MATTHEWS THRIFT STORES, INC.



Principal Place of Business

2001 AIRPORT RD. SOUTH
NAPLES, FL 34112

Mailing Address

2001 AIRPORT RD. SOUTH
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLISON, VANN R.
2001 AIRPORT RD. SOUTH
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIND, DEAN R.
STREET ADDRESS	1930 PRINCESS CT
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	GUSTASON, RONALD
STREET ADDRESS	4099 TAMiami TRAIL N., STE. 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	FARRAR, WILLIAM G
STREET ADDRESS	3115 GULF SHORE BLVD., STE. 207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08

Date

239-714-0500

Daytime Phone #