2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000006114

Entity Name: WORLD'S ATTIC THRIFT SHOP, INC.

Current Principal Place of Business:

5900 SOUTH TAMIAMI TRAIL
UNIT K
SARASOTA, FL 34231

New Principal Place of Business:

3530 WEBBER ST
SARASOTA, FL 34239

Current Mailing Address:

PO BOX 15543
SARASOTA, FL 342771543

New Mailing Address:

FEI Number: 06-1818157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, VELMA
5629 BLOUNT AVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MILLER, DARRELL
3935 S SHADE AVE
SARASOTA, FL 34232 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: DARRELL MILLER 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ROSS, VELMA J
Address: 5629 BLOUNT AVE
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete
Name: ALBRECHT, DORIS
Address: 4232 CENTER GATE LANE
City-St-Zip: SARASOTA, FL 34233

Title: VC ( ) Delete
Name: MILLER, DARRELL
Address: 3935 S SHADE AVE
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: MILLER, DARRELL
Address: 3935 S SHADE AVE
City-St-Zip: SARASOTA, FL 34232

Title: VC (X) Change ( ) Addition
Name: MILLER, DAVID R
Address: 12O3 CORNISH CT
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change ( ) Addition
Name: HOCHSTETLER, MATTIE
Address: 1216 OAK TRACE DR
City-St-Zip: SARASOTA, FL 34232

Title: T ( ) Change (X) Addition
Name: ALBRECHT, DORIS E
Address: 4232 CENTER GATE LANE
City-St-Zip: SARASOTA, FL 34233

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: DORIS ALBRECHT T 04/15/2009
Electronic Signature of Signing Officer or Director Date