

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000008757

**FILED**  
**Dec 06, 2011**  
**Secretary of State**

**Entity Name:** EDUCATIONAL COMMUNITY THRIFT SHOP, INC.

**Current Principal Place of Business:**

8211 BEACH BOULEVARD  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 47606  
JACKSONVILLE, FL 32247 US

**New Mailing Address:**

**FEI Number:** 27-3528007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDS, ALBERT C JR.  
2559 PROVOST RD E  
JACKSONVILLE, FL 32216 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:** ALBERT RICHARDS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** EDDY, BETTY H  
**Address:** 4603 LINCREST DR. N.  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** VP  
**Name:** RICHARDS, SHAWN M  
**Address:** 2559 PROVOST RD E  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

**SIGNATURE:** BETTY H. EDDY

P

12/06/2011

Electronic Signature of Signing Officer or Director

Date