

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004690

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: THRIVE FOUNDATION, INC.

## Current Principal Place of Business:

10377 SW 41ST CT.  
OCALA, FL 34476

## New Principal Place of Business:

8454 NE 36TH AVE. RD.  
ANTHONY, FL 32617

## Current Mailing Address:

PO BOX 770403  
OCALA, FL 34475

## New Mailing Address:

PO BOX 773337  
OCALA, FL 34477

FEI Number: 35-2408930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON THOMAS, KRISTIE  
10377 SW 41ST CT.  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

JOHNSON, KRISTIE  
8454 NE 36TH AVE. RD.  
ANTHONY, FL 32617 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: KRISTIE JOHNSON

04/30/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: JOHNSON, KRISTIE  
Address: PO BOX 460  
City-St-Zip: ANTHONY, FL 32617

Title: AD  
Name: JOHNSON, ANDREA  
Address: PO BOX 460  
City-St-Zip: ANTHONY, FL 32617

Title: AD  
Name: HAMILTON, STEPHANIE  
Address: PO BOX 500  
City-St-Zip: ANTHONY, FL 32617

Title: AD  
Name: JOHNSON, PRISCILLA  
Address: PO BOX 460  
City-St-Zip: ANTHONY, FL 32617

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: KRISTIE JOHNSON

CEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date