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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001793

1. Corporation Name

HOPE THRIFT STORES, INC.

Principal Place of Business

~~7305 MUSHINSKI ROAD~~
TAMPA FL 33625

Mailing Address

~~7305 MUSHINSKI ROAD~~
TAMPA FL 33625



2. Principal Place of Business

21 **11415 HOPE INTERNATIONAL DR.**

Suite, Apt. #, etc.

22 City & State

23 **TAMPA, FL**

Zip

24 **33625**

Country

25 **USA**

2a. Mailing Address

26 **11415 HOPE INTERNATIONAL DR.**

Suite, Apt. #, etc.

27 City & State

28 **TAMPA, FL**

Zip

29 **33625**

Country

30 **USA**

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLE, ARLE P
7305 MUSHINSKI RD.
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

ARLE P. COLE

82 Street Address (P.O. Box Number is Not Acceptable)

11415 HOPE INTERNATIONAL DR.

83

84 City **TAMPA**

FL

85 Zip Code **33625**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SCHAFER, RONALD L**
STREET ADDRESS **7305 MUSHINSKI ROAD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **TD** ☒ DELETE

NAME **COLE, ARLE P**
STREET ADDRESS **7305 MUSHINSKI RD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **TD** ☒ DELETE

NAME **SCHAFER, ALFRED W**
STREET ADDRESS **7305 MUSHINSKI ROAD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **TD** ☒ DELETE

NAME **COLE, ARLE P**
STREET ADDRESS **7305 MUSHINSKI ROAD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **S SECRETARY** ☐ DELETE

NAME **S SECRETARY**
STREET ADDRESS **S SECRETARY**
CITY-ST-ZIP **S SECRETARY**

TITLE ☐ DELETE

NAME **S SECRETARY**
STREET ADDRESS **S SECRETARY**
CITY-ST-ZIP **S SECRETARY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☐ Change ☒ Addition

1.2 NAME **AL VARNER**
1.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**
1.4 CITY-ST-ZIP **TAMPA, FL 33625**

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME **COLE, ARLE P**
2.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**
2.4 CITY-ST-ZIP **TAMPA, FL 33625**

3.1 TITLE **T/D** ☒ Change ☐ Addition

3.2 NAME **SCHAFER, ALFRED W.**
3.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**
3.4 CITY-ST-ZIP **TAMPA, FL 33625**

4.1 TITLE **V/D** ☐ Change ☒ Addition

4.2 NAME **MORROW, BRYAN**
4.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**
4.4 CITY-ST-ZIP **TAMPA, FL 33625**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **DUTRY, BILL**
5.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**
5.4 CITY-ST-ZIP **TAMPA, FL 33625**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-10-99 813-961-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)