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Mar 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001879 (3)

1. Corporation Name

PENSACOLA CHARITIES THRIFT SHOP, INC.



Principal Place of Business

**402 W GREGORY STREET
PENSACOLA FL 32501**

Mailing Address

**402 W GREGORY STREET
PENSACOLA FL 32501-4740**

3. Date Incorporated or Qualified
04/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 1602 W. Garden St.

2a. Mailing Address

28 PO Box 13572

4. FEI Number

59-3373263

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Pensacola Florida

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Pensacola Florida

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32501

25 Escambia

29 32591

30 Escambia

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARSON, SYLVIA
402 W GREGORY STREET
PENSACOLA FL 32501**

81 Name

Kelly A. Walters

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

656 W. Garden St.

83

Pensacola

84

City

FL

85 Zip Code
32501

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 **Kelly A. Walters**

3-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BUCKELS, JEAN**
CITY-ST-ZIP **656 W GARDEN STREET
PENSACOLA FL 32501**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NOECKER, JUDITH M**
CITY-ST-ZIP **2755 E OLIVE ROAD
PENSACOLA FL 32514**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PEARSON, SYLVIA**
CITY-ST-ZIP **402 W GREGORY STREET
PENSACOLA FL 32501**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WALTERS, KELLY**
CITY-ST-ZIP **656 W GARDEN STREET
PENSACOLA FL 32501**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WEEKLEY, MARY K**
CITY-ST-ZIP **1339 E CREIGHTON ROAD
PENSACOLA FL 32504**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WINCHESTER, ROSE M**
CITY-ST-ZIP **2755 E OLIVE ROAD
PENSACOLA FL 32514**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **Kelly A. Walters (KAW)**

3-25-97

(904) 438-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072442

CR2E037 (9/96)