

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

1602 W GARDEN ST  
PENSACOLA FL 32501  
US

P.O. BOX 13572  
PENSACOLA FL 32591  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 15373

22 City & State

27 City & State  
PENSACOLA FL

23 Zip Country

28 Zip Country  
32514-0373 Escambia

9. Name and Address of Current Registered Agent

WALTERS, KELLY A.  
656 W GARDEN ST  
PENSACOLA FL 32501

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3373263

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name  
Rose Marie Winchester  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2755 E. Olive Rd.  
84 City PENSACOLA FL 85 Zip Code 32514

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 Rose Marie Winchester Rose Marie Winchester 12-3-98  
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 D BUCKELS, JEAN  
NAME  
STREET ADDRESS 656 W GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL 32501

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
REINSTATEMENT 98

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
000002712160-1  
-12/15/98-01003-017  
\*\*\*\*236.25 \*\*\*\*236.25

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

6.1 TITLE  
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.

SIGNATURE: Rose Marie Winchester U.P. 10-31-98 8504743728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

'98 DEC -8 PM 1:04



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