


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90109 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000001879</b>					
1. Corporation Name <b>PENSACOLA CHARITIES THRIFT SHOP, INC.</b>					
Principal Place of Business 1602 W GARDEN ST PENSACOLA FL 32501 US			Mailing Address P.O. BOX 15373 PENSACOLA FL 32514-0373 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/08/1996 4. FEI Number 59-3373263 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>WINCHESTER, ROSE MARIE</b> <b>2755 E. OLIVE ROAD</b> <b>PENSACOLA FL 32514</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BUCKELS, JEAN				
STREET ADDRESS	656 W GARDEN STREET				
CITY-ST-ZIP	PENSACOLA FL 32501				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	NOECKER, JUDITH M				
STREET ADDRESS	2755 E OLIVE ROAD				
CITY-ST-ZIP	PENSACOLA FL 32514				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PEARSON, SYLVIA				
STREET ADDRESS	402 W GREGORY STREET				
CITY-ST-ZIP	PENSACOLA FL 32501				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WALTERS, KELLY				
STREET ADDRESS	656 W GARDEN STREET				
CITY-ST-ZIP	PENSACOLA FL 32501				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WEEKLEY, MARY K				
STREET ADDRESS	1339 E CREIGHTON ROAD				
CITY-ST-ZIP	PENSACOLA FL 32504				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WINCHESTER, ROSE M				
STREET ADDRESS	2755 E OLIVE ROAD				
CITY-ST-ZIP	PENSACOLA FL 32514				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*Rose Marie Winchester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rose Marie Winchester 850-474-3728  
4-39-99 Daytime Phone #

CR2E037 (1/98)