FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001879

1. Corporation Name

PENSACOLA CHARITIES THRIFT SHOP, INC.

Principal Place of Busin
1602 W GARDEN ST
DEMONSON A EL 2000

2. Principal Place of Business

US

Mailing Address

P.O. BOX 15373

2a. Mailing Address

PENSACOLA FL 32514-0373

US

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

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

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3. Date Incorporated or Qualifed

531262 - 90109 - 30

21		26			04/08/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			59-3373263	Not Applicable		
City & Sta	te	City & State			5. Certifcate of Status Desired		5 Additional	
23		28			Continuate of States Desired	Fee	Required	
Zip	Country	Zip Country			6. Election Campaign Financing \$5.00 May Be			
24	25	29 30	0		Trust Fund Contribution		ed to Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name	•		ļ	
WINCHES	TER, ROSE MARIE		82	Street	t Address (P.O. Box Number is Not Acceptable)			
2755 E. OLIVE ROAD								
	LA FL 32514		83					
1 2710/100	2112 32311		84	City		85 Z	ip Code	
ĺ	*		"	City	F	_ " -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above	-named	d corporation submits this statement for the purpose of	f changing	its registered	
office or i	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was auth	norized by	the corp	poration's board of directors. I hereby accept the appe	intment as	registered	
-	in landa with and accept the obligation	5/10 01, GCGGGH 0 177,0000, 1 ION-					i	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	t signature i	required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chanç	ge 🔲 Addition	
NAME	BUCKELS, JEAN		1.2 NAME					
STREET ADDRESS	1		1.3 STREET	ADDRESS	3		ľ	
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY+S	r-ziP				
TITLE	D	☐ DELETE	2.1 TITLE			Chang	ge 🔲 Addition	
NAME	NOECKER, JUDITH M		2.2 NAME				i	
STREET ADDRESS	2755 E OLIVE ROAD		2.3 STREET	ADDRESS	S			
CITY-ST-ZIP	PENSACOLA FL 32514		2.4 CITY-S	T-ZIP			İ	
TITLE	D	☐ DELETE	3.1 TITLE			Chang	ge 🔲 Addition	
NAME	PEARSON, SYLVIA		3.2 NAME				ł	
STREET ADDRESS			3.3 STREET	ADDRESS	s		\	
CITY-ST-ZIP	PENSACOLA FL 32501		3.4. CITY-S					
TITLE	n	☐ DELETE	4.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME	WALTERS, KELLY		4. 2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		4.3 STREET	ADDRESS	3		ļ	
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-S					
TITLE	D	☐ DELETE	5.1 TITLE			☐ Chang	ge	
NAME	WEEKLEY, MARY K		5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	\$		ļ	
CITY-ST-ZIP	PENSACOLA FL 32504		5.4 CITY-S	r-zip			}	
TITLE	n	☐ DELETE	6.1 TITLE			☐ Chang	ge	
NAME	WINCHESTER, ROSE M	•	6.2 NAME					
)	2755 E OLIVE ROAD		6.3 STREET	ADDRESS	3		ţ	
l			6.4 CITY-S					
CITY-ST-ZIP	PENSACOLA FL 32514		0.7 0111-3	-411	<u> </u>			

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11 10 Date Of Dayling Phone #

:R2E037 (11/98)