

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001879**

1. Entity Name

PENSACOLA CHARITIES THRIFT SHOP, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90238 004 ****61.25

Principal Place of Business

**1802 W GARDEN ST
PENSACOLA FL 32501
US**

Mailing Address

**P.O. BOX 15373
PENSACOLA FL 32514-0373
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373263

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINCHESTER, ROSE MARIE
2755 E. OLIVE ROAD
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rose Marie Winchester

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rose Marie Winchester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-01**850-474-3728**

CR2E037 (10/00)