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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003814

1. Corporation Name

HAPPY HEARTS THRIFT COMPLEX, INC.

* 1 704921 - 90002 - 4

Principal Place of Business

Mailing Address

1888 A NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

1888 A NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SAME AS ABOVE
22 City & State
23 Zip

26 Suite, Apt. #, etc. SAME AS ABOVE
27 City & State
28 Zip

3. Date Incorporated or Qualified
07/02/1997

4. FEI Number 65-0781101 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

24 Country LEE

29 Country LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGNER, MELINDA D
1888 A NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

81 Name RALPH L SHEPPARD
82 Street Address (P.O. Box Number is Not Acceptable) 456 SANTA CRUZ DRIVE
83
84 City N FORT MYERS FL 85 Zip Code 33903

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 SHEPPARD, RALPH L. (T-D)

01-09-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GAGNER, MELINDA D
STREET ADDRESS 1875 SADLER ROAD
CITY-ST-ZIP N FORT MYERS FL 33917

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

TITLE D
NAME JOLY, DEBRA L
STREET ADDRESS 1005 JOEL BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33972

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

TITLE D
NAME SHEPPARD, RALPH L
STREET ADDRESS 456 SANTA CRUZ DRIVE
CITY-ST-ZIP N FORT MYERS FL 33903

3.1 TITLE T-D Director/Treasurer
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ALEXANDER, LOUISE F
STREET ADDRESS P.O. BOX 4641
CITY-ST-ZIP N FORT MYERS FL 33918

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DS RALPH L. SHEPPARD II (Director)
5.2 NAME 19621 N. TAMiami TRAIL #33 (Secretary)
5.3 STREET ADDRESS N. FORT MYERS FL 33903
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SHEPPARD, RALPH L. SHEPPARD Treasurer/Director 01-09-99 (741) 995-2414

CR2E037 (11/98)