

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90032 046 \*\*\*\*61.25

<b>DOCUMENT # N97000006073</b> 1. Entity Name OPPORTUNITY CLOSET, INC.			
Principal Place of Business 3621 WHITE SULPHUR PLACE SARASOTA, FL 34232		Mailing Address 3621 WHITE SULPHUR PLACE SARASOTA, FL 34232	
2. Principal Place of Business 4208 Center Pointe Lane		3. Mailing Address 4208 Center Pointe Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34233		Zip 34233	
Country USA		Country USA	
4. FEI Number 65-0786072		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HARLE, BARBARA J 3621 WHITE SULPHUR PLACE SARASOTA, FL 34232		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARLE, BARBARA J 3621 WHITE SULPHUR PL SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARLE, BARBARA J 4208 Center Pointe Lane SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COOPER, BARBARA 1168 KINGSTON WAY VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COOPER, BARBARA 431 WEXFORD CIRCLE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MINEER, LINDA 4027 SOUTHWELL WAY SARASOTA, FL 34241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARLE, BARBARA J 3621 WHITE SULPHUR PLACE SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARLE, BARBARA J 4208 Center Pointe Lane SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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.			
<b>SIGNATURE:</b> <u>Barbara J Harle / BARBARA J. HARLE / DP</u>		1-312005 941-329-4171	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	