

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000004574

1. Corporation Name

NEW LIFE THRIFT STORE, INC.

Principal Place of Business

780 15TH STREET N.W.  
NAPLES FL 34120

Mailing Address

780 15TH STREET N.W.  
NAPLES FL 34120



03-10-99 90246 040 \$61.25

2. Principal Place of Business

21 1635 Commercial Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 1635 Commercial Dr  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

59-3531864

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

22 City & State

23 Naples, FLORIDA

24 34112

25 USA

27 City & State

28 Naples Florida

29 34112

30 USA

9. Name and Address of Current Registered Agent

TOOLEY, MINDY A  
780 15TH STREET N.W.  
NAPLES FL 34120

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

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

(If not: Registered Agent signature required when reinstating)

DATE

7-6-99

12. OFFICERS AND DIRECTORS

TITLE

PS

☐ DELETE

NAME

TOOLEY, MINDY A

STREET ADDRESS

780 15TH STREET N.W.

CITY-ST-ZIP

NAPLES FL 34120

TITLE

D

☐ DELETE

NAME

HUNTON, MARY C

STREET ADDRESS

801 NW 45 AVE

CITY-ST-ZIP

COCONUT CREEK FL 33066

TITLE

D

☐ DELETE

NAME

HODGSON, WILLIAM B

STREET ADDRESS

13250 SW 7 PLACE

CITY-ST-ZIP

DAVIE FL

TITLE

D

☐ DELETE

NAME

KAPLAN, BASHA

STREET ADDRESS

425 DOCKSIDE DR., APT. 706

CITY-ST-ZIP

NAPLES FL 34110

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-99

0015551

CR2E037 (5/99)