

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 012 ****61.25

DOCUMENT # N98000007133

1. Entity Name
HELPING KIDS THRIFT & GIFT, INC.



Principal Place of Business
**76 W LUCERNE CIRCLE
ORLANDO, FL 32801**

Mailing Address
**76 W LUCERNE CIRCLE
ORLANDO, FL 32801**

44015233

2. Principal Place of Business

10892 W. Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address

10892 W. Colonial Dr
Suite, Apt. #, etc.



02182004 Chg-NP CR2E037 (10/03)

City & State

Orlando FL
Zip **34761** Country **USA**

City & State

Orlando FL
Zip **34761** Country **USA**

4. FEI Number
59-3556330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIOLA, YOLANDE
76 W LUCERNE CIRCLE
ORLANDO, FL 32801
10892 W. Colonial Dr
Orlando, FL 34761

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

Yolande J. Fiola
YOLANDE J. FIOLOA EX-DIR

2-18-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, JAMES 1699 LAKESIDE DRIVE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIOLA, YOLANDE 2701 MIDSUMMER DR. WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS RAIMONDE, SHARREN 7315 RIPLEY COURT ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUDLOWITZ, BARRY 112 WYMROE ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, JOSWICK 900 N MAITLAND AVE MAITLAND, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS JONES, JOEL 104 SECLUDED OAK CT. CASSELBERRY, FL 32707	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fiola, Yolande 720 Main St. Windermere, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

YOLANDE J. FIOLOA
Yolande J. Fiola

2-18-04

(407) 905-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(407) 656-8338