

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000037152

1. Corporation Name

CHARITY'S TREASURES, INC.

Principal Place of Business

2080 50TH TERRACE S.W.
NAPLES FL 34116
US

Mailing Address

2080 50TH TERRACE S.W.
NAPLES FL 34116
US

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90268 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

65-0674294

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1/0 Richard Gorga

26 1/0 Richard Gorga

Suite, Apt. #, etc.
22 3435 10th St. N #301

Suite, Apt. #, etc.
27 3435 10th St. N. #301

City & State
23 Naples FL

City & State
28 Naples FL

Zip Country
24 34103 25 USA

Zip Country
29 34103 30 USA

9. Name and Address of Current Registered Agent

PROVANCAL, DELORES J
2080 50TH TERRACE S.W.
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name Delores Provancal 1/0 Richard Gorga

82 Street Address (P.O. Box Number is Not Acceptable)
3435 10th Street North #301

83

84 City Naples FL 85 Zip Code 34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME PROVANCAL, DELORES J
STREET ADDRESS 2080 50TH TERRACE SW
CITY-ST-ZIP NAPLES FL

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT ☒ Change ☐ Addition

1.2 NAME PROVANCAL, DELORES J. 1/0 Richard Gorga

1.3 STREET ADDRESS 3435 10th Street North #301

1.4 CITY-ST-ZIP Naples, FL 34103

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)