

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001759

**FILED**  
**Jun 24, 2013**  
**Secretary of State**  
**CC5939754728**

**Entity Name:** THE BEST LITTLE THRIFT SHOP IN TOWN, INC.

**Current Principal Place of Business:**

415 CITRUS TOWER BLVD  
CLERMONT, FL 34711

**Current Mailing Address:**

415 CITRUS TOWER BLVD  
CLERMONT, FL 34711

**FEI Number: 26-4299423**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CYBULSKI, BARBARA A  
17432 PALM DRIVE  
MONTVERDE, FL 34756 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CYBULSKI, BARBARA A  
Address 17432 PALM DRIVE  
City-State-Zip: MONTVERDE FL 34756

Title VP  
Name DEWITT, MARIE C  
Address 15405 THOROUGHbred LANE  
City-State-Zip: MONTVERDE FL 34756

Title T  
Name LYNN, LARICIA A  
Address 903 ARBOR HILL CIRCLE  
City-State-Zip: MINNEOLA FL 34715

Title BM  
Name VIVONA, RUDY  
Address 1074 CEASERS COURT  
City-State-Zip: MOUNT DORA FL 32757

Title BM  
Name HOWELL, BARBARA  
Address 12703 MONTEVISTA ROAD  
City-State-Zip: CLERMONT FL 34711

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LARICIA A LYNN**

**TREASURER**

**06/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date