

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N11000004176

**Entity Name:** THE 5 & DIME, INC.

**Current Principal Place of Business:**

648-B EAST UNION STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

648-B EAST UNION STREET  
P.O. BOX #1  
JACKSONVILLE, FL 32206 US

**FEI Number:** 45-2052456

**Certificate of Status Desired:** Yes

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

BENNETT, KRYSTEN  
3625 ERNEST STREET  
JACKSONVILLE, FL 32205 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:** KRYSTEN L. BENNETT

10/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAMBY, KENNETH L  
Address        12814 GILLESPIE AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title            VICE-PRESIDENT  
Name            WALLER, JOSHUA M  
Address        3625 ERNEST STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title            TREASURER  
Name            TAYLOR, JOSHUA  
Address        421 WEST CHURCH STREET  
                  624  
City-State-Zip: JACKSONVILLE FL 32202

Title            SECRETARY  
Name            LEAVITT, CRAIG  
Address        2172 DERRINGER CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32225

Title            HISTORIAN  
Name            BUTTERLY, CARYL  
Address        923 PARKRIDGE CIRCLE EAST  
City-State-Zip: JACKSONVILLE FL 32211

Title            DIRECTOR  
Name            PHILIPS, TONI  
Address        11667 JONATHAN ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title            DIRECTOR  
Name            GOULD, EVAN  
Address        1885 BLUEBONNET WAY  
City-State-Zip: FLEMING ISLAND FL 32003

Title            DIRECTOR  
Name            GOULD, JUDITH  
Address        1885 BLUEBONNET WAY  
City-State-Zip: FLEMING ISLAND FL 32003

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*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:** KENNETH LEE HAMBY

PRESIDENT

10/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SAENZ, ABIGAIL  
Address        1245 DOREL STREET  
City-State-Zip: JACKSONVILLE FL 32207