

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007488

**Entity Name:** HAMMOCK THRIFT SHOP, INC.

**Current Principal Place of Business:**

5404-A NORTH OCEANSHORE BLVD.  
PALM COAST, FL 32137

**Current Mailing Address:**

5404-A NORTH OCEANSHORE BLVD.  
PALM COAST, FL 32137

**FEI Number: 46-3665582**

**Certificate of Status Desired: No**

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

SWINDERMAN, NANCY K  
54 OCEAN STREET  
PALM COAST, FL 32137 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 D  
Name SWINDERMAN, NANCY K  
Address 54 OCEAN STREET  
City-State-Zip: PALM COAST FL 32137

Title D  
Name SWINDERMAN, ROBERT TODD  
Address 54 OCEAN STREET  
City-State-Zip: PALM COAST FL 32137

Title D  
Name DALYRYMPLE, CHELSEA R  
Address 5404-B NORTH OCEANSHORE BLVD  
City-State-Zip: PALM COAST FL 32137

*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: ROBERT TODD SWINDERMAN**

**DIRECTOR**

**01/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date