


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 704777 1. Entity Name THE BERT L. THOMAS FOUNDATION, INC.	
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Principal Place of Business 4231 MYRTLE ST ST. AUGUSTINE, FL 32095 US	Mailing Address 4231 MYRTLE STREET ST AUGUSTINE, FL 32095 US
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0997102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, VAL P 4231 MYRTLE STREET ST AUGUSTINE, FL 32095

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, GERALD A P.O. BOX 49188 JACKSONVILLE BEACH, FL 32240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, SCOTT C 3025 CULLEN LAKE SHORE DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, VAL P 4231 MYRTLE ST ST AUGUSTINE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80006-006 61.25

DO NOT WRITE IN THIS SPACE

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 for 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Val P. Thomas	Date 1/13/05	Daytime Phone # 904 923 3285
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