2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 8:00 am Secretary of State

1. Entity Nar	MENT #716859 THOLOMEW'S CHURCH					2	04-26-2007	-		
3747 - 34T	ce of Business H STREET SOUTH RSBURG, FL 33711	Mailing Address 3747 - 34TH STREET SOUTH SAINT PETERSBURG, FL 33711								
2. Principal !	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03152007	Chg-NP	CR2E	037 (12/06)	
City & Sta	te	City & State			4. FEI Numbe 59-075			 	pplied For ot Applicable	
Zip	Country	Zip Cour		intry		5. Certificate	of Status Desired	s 🗆	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	v Registere	d Agent	
KNIICKE	V NIANIOV		_ }	Name John Hamm						
	Y, NANCY D AVENUE SOUTH, NO. 511			Street Address (P.O. Box Number is Not Acceptable)						
	TERSBURG, FL 33711		}				inca A		<u> </u>	
			}			ersburg			L Zip Coo	706
8. The above	e named entity submits this statement fo	r the purpose of changing its r	reaistere		-	_		-	<u>حو 🛥</u> م familiar with	and accept
the obliga	· ·		Togicio.	ou agum, or a co	II, III tira qualio	FROITING.		din accept		
SIGNATURE	Signature hyped or printed name of registered agent	and title it applicable. (NOTE:	Registered	d Agent signatur	we required v	when reinstating)		4~/ DATE	5-07	
SIGNATURE	Signature by the distribution of registered agent. Filling Fee Is \$61.25 Due by May 1, 2007	and the Lappicable. (NOTE: 9. Election Carm Trust Fund Co	paign Fi	inancing		\$5.00 May Bo	P FI	Make che	ock payable t	
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Fi	inancing on. {		\$5.00 May Be Added to Fees	FI FI	Make che lorida Dep	ock payable t artment of S	tate
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 chapter 617, Florida Statutes.

SIGNATURE: X SIGNAPURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-15-07- (-727) 867-70 15 Date Dayline Phone #