2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam ST. THOI ASSOCIA				03-03-20	08 90211 013	3 ****6	1.25			
8730 THOM	ce of Business IAS DR. Y BEACH, FL 32408 US	Mailing Address 8730 THOMAS DR. PANAMA CITY BEACH, I	FL 32408 US	;	4. 1		PRI 1831 8151 6161 6	iğir miğri biğ	111 0 7 0 1 1 03 5	
2. Principal F	incipal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042008	Chg-NP	CR2E037	(12/06)		
City & Stat	te	City & State			4. FEI Numbe 59-2352				oplied For	
Zip	Country	Zip _	Country		5. Certificate	of Status Desire		3.75 Add e Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	w Registered Age	ent		
ALISA JAMES-ATT JAMES & COTHAN 1004 JENKS AVE PANAMA CITY, FL 32401				Name MAYK D., Dreyer Street Address (P.O. Box Number is Not Acceptable)						
				City Coans Q + 1 FI Zip Code/						
8. The above the obligat	e named entity submits this statement for tions of registered agent	or the purpose of changing its	registered office	or registered	agent, or bot	h, in the State of	Florida. I am fam	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTI	E: Registered Agent signs	ature required wi	hen reinstating)		// 14/ DATE	108		
	Filing Fee is \$61.25									
<u> </u>	Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.		5.00 May B		Make check p lorida Departm			
10.		Trust Fund (ه نا	dded to Fees	F	lorida Departm	ent of Si	ate	
10.	Due by May 1, 2008	Trust Fund (Contribution.	ه نا	dded to Fees	F	lorida Departm CERS AND DIREC	ent of SI	ate	
	Due by May 1, 2008 OFFICERS AND DI	Trust Fund (Contribution.		odded to Fees DITIONS/CHA	NGES TO OFFI	OF AND DIRECT COMMENTS OF THE COMMENTS OF T	ent of Si	ate	
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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	ach R	MI	Allen Myers	1-12-08	850-23:
8	IGNATURE AND TYPED OR PRINTE	O NAME OF SKINING OFFICE	ER OR DIRECTOR	Date	Daytime Phone

NAME

STREET ADDRESS

CITY-ST-ZIP