2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# N00000002060

Entity Name: WILL THOMAS MINISTRIES , INC.

Current Principal Place of Business:

111 EAST 1ST STREET UNIT #47
JACKSONVILLE, FL 32206

New Principal Place of Business:

6771 SALT POND DRIVE NORTH
JACKSONVILLE, FL 32219

Current Mailing Address:

111 EAST 1ST STREET UNIT #47
JACKSONVILLE, FL 32206

New Mailing Address:

6771 SALT POND DRIVE NORTH
JACKSONVILLE, FL 32219

FEI Number: 59-3635129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, WILBERT III
111 EAST 1ST STREET UNIT #47
JACKSONVILLE, FL 32206

Name and Address of New Registered Agent:

THOMAS, WILBERT III
6771 SALT POND DRIVE NORTH
JACKSONVILLE, FL 32219

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: _____ 09/02/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, WILBERT III
Address: 111 EAST 1ST STREET UNIT #47
City-St-Zip: JACKSONVILLE, FL 32206

Title: TSD ( ) Delete
Name: THOMAS, STEPHENIA H
Address: 111 EAST 1ST STREET UNIT #47
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD ( ) Delete
Name: ORANGE, BOBBY
Address: 5900 TOWNSEND ROAD APT 212
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILBERT THOMAS III PD 09/02/2004
Electronic Signature of Signing Officer or Director — Date