2004 NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

OFFICERS AND DIRECTORS

DOCUMENT # N00000006214

1. Entity Name

10.

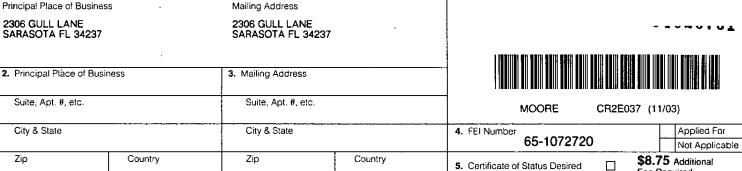
ST. THOMAS MINISTRIES FOUNDATION, INC.



FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90022 050 ****61.25

Fee Required



6. Name and Address of Current Registered Agent LONGACRE, JAY K 2306 GULL LANE SARASOTA FL 34237

7. Name and Address of New Registered Agent							
Name							
•		*					
Street Address (P.O. Box Number is Not Acceptable)							
City	FL	Zip Code					

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004

11.

Make Check Payable to Florida Department of State

NAME STREET ADDRESS CITY-ST-ZIP	LONGACRE, J.K. 2306 GULL LANE SARASOTA FL 34237	Detete	NAME STREET ADDRESS CITY-ST-ZIP		Crimings	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGACRE, BARBARA R 2306 GULL LANE SARASOTA FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTERNAK, ARTHUR 1530 PALISADE AVE #30C FT LEE NJ 07024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The transformer of the state of	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
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RILE		□ Delete	TITLE		[Change	[Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Barbare R. Longacre changed, or on an attachment with an address.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP