

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006214

1. Entity Name

ST. THOMAS MINISTRIES FOUNDATION, INC.



Principal Place of Business

2306 GULL LANE
SARASOTA FL 34237

Mailing Address

2306 GULL LANE
SARASOTA FL 34237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

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

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LONGACRE, J.K.
STREET ADDRESS 2306 GULL LANE
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ Delete
NAME LONGACRE, BARBARA R
STREET ADDRESS 2306 GULL LANE
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ Delete
NAME PASTERNAK, ARTHUR
STREET ADDRESS 1530 PALISADE AVE #30C
CITY-ST-ZIP FT LEE NJ 07024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME U000000406832
STREET ADDRESS 02/07/06-80106-007 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

Longacre JAY K. LONGACRE 1/26/04 941-951
2330