

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000902

Entity Name: THIGPEN MINISTRIES INC.

FILED  
Jan 25, 2004  
Secretary of State

## Current Principal Place of Business:

4510 DAPHNE CT.  
MIDDLEBURG, FL 32068

## New Principal Place of Business:

6017 NW 200TH ST.  
STARKE, FL 32091

## Current Mailing Address:

P.O. BOX 1135  
MIDDLEBURG, FL 32050

## New Mailing Address:

6017 NW 200TH ST  
STARKE, FL 32091

FEI Number: 59-3703000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THIGPEN, THOMAS L JR.  
4510 DAPHNE CT.  
MIDDLEBURG, FL 32068

## Name and Address of New Registered Agent:

THIGPEN, THOMAS L JR.  
6017 NW 200TH ST  
STARKE, FL 32091

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:

01/25/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: THIGPEN, THOMAS L JR.  
Address: P.O. BOX 1135  
City-St-Zip: MIDDLEBURG, FL 32050

Title: VD ( ) Delete  
Name: THIGPEN, FRANCISCA  
Address: P.O. BOX 1135  
City-St-Zip: MIDDLEBURG, FL 32050

Title: SD ( ) Delete  
Name: THIGPEN, FLORENTINA  
Address: P.O. BOX 1135  
City-St-Zip: MIDDLEBURG, FL 32050

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THIGPEN, THOMAS L JR.  
Address: 6017 NW 200TH ST  
City-St-Zip: STARKE, FL 32091

Title: VD (X) Change ( ) Addition  
Name: THIGPEN, FRANCISCA  
Address: 6017 NW 200TH ST  
City-St-Zip: STARKE, FL 32091

Title: SD (X) Change ( ) Addition  
Name: THIGPEN, FLORENTINA  
Address: 6017 NW 200TH ST  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Change (X) Addition  
Name: THIGPEN III, THOMAS L  
Address: 6017 NW 200TH ST  
City-St-Zip: STARKE, FL 32091

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: THOMAS L. THIGPEN JR.

PD

01/25/2004

Electronic Signature of Signing Officer or Director

Date