2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000902

1. Entity Name
THIGPEN MINISTRIES INC.

Principal Place of Business	Mailing Address
6017 NW 200TH ST. STARKE, FL 32091	6017 NW 200TH ST STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

05122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3703000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THIGPEN, THOMAS L JR.
STREET ADDRESS	6017 NW 200TH ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VD
NAME	THIGPEN, FRANCISCA
STREET ADDRESS	6017 NW 200TH ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	SD
NAME	THIGPEN, FLORENTINA
STREET ADDRESS	6017 NW 200TH ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	TD
NAME	THIGPEN III, THOMAS L
STREET ADDRESS	6017 NW 200TH ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/05-80001-009 70.00

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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 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: _____ 4/28/05 904-371-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #