

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

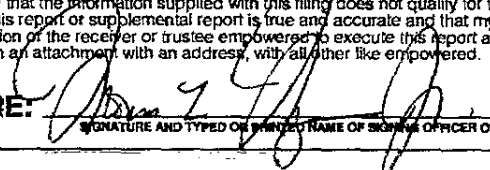
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

U00000367468
05/18/05-80001-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #