2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001732

City-St-Zip:

Entity Name: SONS OF THUNDER MINISTRIES INC.

FILED May 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 380 AUGUSTINE COURT OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** PO BOX 684 GOLDENROD, FL 32733 FEI Number: 59-3455629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, PAUL DAVIS, PAUL F 380 AÚGUSTINE COURT 380 AUGUSTINE COURT OVIEDO, FL 32765 OVIEDO, FL 32765 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: PAUL F DAVIS 05/11/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, CHRISTOPHER Name: Name: 4608 RIVERCLOSE BLVD. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition MITCHELL, MEGAN Name: AMY, LO Name: Address: 1705 GALWAY CT. Address: 2588 PORTERVIEW WAY City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: SD (X) Change () Addition DAVIS, JAMIE LEONARD, HEATHER Name: Name: 4601 LARADO PLACE Address: Address: PO BOX 10753 City-St-Zip: ORLANDO, FL 32812 City-St-Zip: PORTLAND, OR 97296 Title: PD () Delete Title: PD (X) Change () Addition Name: DAVIS, PAUL Name: DAVIS, PAUL F JR. 4601 LARADO PLACE PO BOX 684 Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: GOLDENROD, FL 32733 Title: () Delete Title: () Change (X) Addition DAVIS, PAUL F SR. Name: Name: 2410 LAKEVIEW AVENUE Address: Address:

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.

City-St-Zip:

CLERMONT, FL 34711

SIGNATURE: PAUL F DAVIS, JR. PD 05/11/2004