

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                 |  |                                                                                   |
|-------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # N03000002978                         |  |  |
| 1. Entity Name<br>THOMAS COMMUNITY CENTER, INC. |  |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>18401 NW 53RD COURT ROAD<br>REDDICK, FL 32686 | Mailing Address<br>18401 NW 53RD COURT ROAD<br>REDDICK, FL 32686 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                                               |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><u>18140 N. Hwy. 329</u><br>Suite, Apt. #, etc.<br><u>Reddick, FL 32686</u><br>City & State | 3. Mailing Address<br><u>8341 W. Hwy 318</u><br>Suite, Apt. #, etc.<br><u>Reddick, FL 32686</u><br>City & State |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                                                                                   |  |                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>SMITH, GEORGE E<br>8341 W HIGHWAY 318<br>REDDICK, FL 32686 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

|                                             |                                                                                     |                                |                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>WILSON, ALFRED W<br>18401 NW 53RD COURT ROAD<br>REDDICK, FL 32686 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>BREWER, MICHOGANY<br>9601 W HIGHWAY 318<br>REDDICK, FL 32686 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>SMITH, GEORGE F<br>8341 W HIGHWAY 318<br>REDDICK, FL 32686 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>DUNCAN, WILLIE<br>10344 NW 177TH PLACE<br>REDDICK, FL 32686 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>GORDON, NORMAN<br>16700 N US HIGHWAY 301<br>CITRA, FL 32113 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>CHANDLER, WILLIE<br>11025 W HIGHWAY 318<br>REDDICK, FL 32686 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: George E. Smith George E. Smith 4/28/04 352-591-1312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04 APR 30 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04272004 Chg-NP CR2F037 (10/03)

4. FEE Number ☒ Applied For 500  
☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required100034936641  
04/30/04--01006--023 \*\*\$1.25