

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90049 012 \*\*\*\*61.25

**DOCUMENT # N03000004547**

1. Entity Name  
**T.U.F. MINISTRIES INC.**



Principal Place of Business  
**4505 34TH AVENUE EAST  
BRADENTON, FL 34208**

Mailing Address  
**4505 34TH AVENUE EAST  
BRADENTON, FL 34208**

94060111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102004 Chg-NP CR2E037 (10/03)

4. FEI Number

**41-2098222**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DENNY WAYNE  
4505 34TH AVENUE EAST  
BRADENTON, FL 34208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **THOMAS, EARNEST**  
STREET ADDRESS **203 N 24TH ST E**  
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **PD** ☐ Delete  
NAME **THOMAS, DENNY WAYNE**  
STREET ADDRESS **4505 34TH AVENUE EAST**  
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **VD** ☐ Delete  
NAME **THOMAS, KIMBERLY ANN**  
STREET ADDRESS **4505 34TH AVENUE EAST**  
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **DM** ☐ Delete  
NAME **SONNEN, AMANDA**  
STREET ADDRESS **4415 MCINTOSH ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Delete  
NAME **PRUITT, LEE**  
STREET ADDRESS **5310 FOXWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **SD** ☐ Delete  
NAME **PRUITT, SHELBY**  
STREET ADDRESS **5310 FOXWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34232**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/04**

Date

**948-744-0719**

Daytime Phone #