


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 044 \*\*\*\*70.00

**DOCUMENT # N04000004435**  
1. Entity Name  
**THOMAS PETER MISSIONARY SOCIETY, INC.**



Principal Place of Business      Mailing Address  
**82 AVENUE, #37  
DAVIE FL 33328**      **4791 S.W. 82ND AVENUE  
LOT 37  
DAVIE FL 33328**



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**4791 SW 82 AVE**      **4791 S.W 82 AVE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**LOT 37**      **# 37**

City & State      City & State  
**DAVIE FLORIDA**      **DAVIE FL**

4. FEI Number      Applied For  
**27-0091421**      Not Applicable

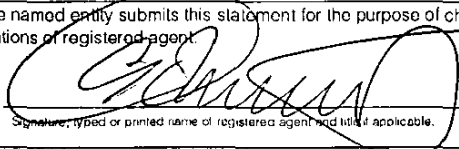
Zip      Country      Zip      Country  
**33328**      **BROWARD**      **33328**      **BROWARD**

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

6. Name and Address of Current Registered Agent  
**CHADWICK, THOMAS PETER  
4791 S W 82ND AVE LOT # 37  
DAVIE FL 33328**

7. Name and Address of New Registered Agent  
Name      **THOMAS PETER MISSIONARY SOCIETY**  
Street Address (P.O. Box Number is Not Acceptable)  
**4791 S.W 82 AVE**  
City      **DAVIE**      FL      Zip Code      **33328**

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)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007.**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PST	CHADWICK, THOMAS PETER REV	% 4791 S W 82ND AVE LOT #37	DAVIE FL 33328	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **THOMAS PETER CHADWICK** 03.01.07  
Date: **25425**      Daytime Phone **503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR