# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2009**
**Secretary of State**

DOCUMENT# N05000005215

**Entity Name:** THOMAS MINISTRIES, INC.

**Current Principal Place of Business:**

103 ELM STREET
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

103 ELM STREET
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number: 54-2173814** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMAS, GILLIS
103 ELM STREET
PENSACOLA, FL 32506 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BUTLER, CARNELL
Address: 22 PLEASANT AVE
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete
Name: THOMAS, GWENDOLYN
Address: 103 ELM STREET
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete
Name: THOMAS, GWENDOLYN
Address: 103 ELM STREET
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: THOMAS, GILLIS
Address: 103 ELM ST.
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M ( ) Change (X) Addition
Name: BUTLER, CARNELL
Address: 22 PLEASANT AVE.
City-St-Zip: PENSACOLA, FL 32505

Title: M ( ) Change (X) Addition
Name: CUNNINGHAM, ANNIE M
Address: NELL CT. APT.42 300 MILDRED ST.
City-St-Zip: ENTERPRISE, AL 36330

Title: S ( ) Change (X) Addition
Name: MCNEIL, LENA L
Address: 7050 MOORE AVE.
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: GWENDOLYN THOMAS SD 02/12/2009

Electronic Signature of Signing Officer or Director — Date