

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90401 029 ****70.00

DOCUMENT # N17738

1. Entity Name

PRAISE CATHEDRAL RENEWAL CENTER, INC.



Principal Place of Business

% MICHAEL J. THOMAS
4371 76TH AVE NO
PINELLAS PARK FL 33781
US

Mailing Address

% MICHAEL J. THOMAS
4371 76TH AVE NO
PINELLAS PARK FL 33781
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2789116

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, MICHAEL J
5533 81ST TERR NO
PINELLAS PARK FL 33781**

Name **N/A**

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

City

FL

Zip Code

☒ 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

Michael J. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/04

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MOWRY, THOMAS**
STREET ADDRESS **2631 1ST ST NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE **D** ☐ Delete
NAME **BERT, WILLIE**
STREET ADDRESS **22918 COLLRIDGE DR**
CITY-ST-ZIP **LAND O LAKES FL 34639**

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

TITLE **D** ☐ Delete
NAME **HILL, MARC**
STREET ADDRESS **4435 1ST ST NE 312**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE **D** ☐ Delete
NAME **WOLFE, RICHARD**
STREET ADDRESS **7273 60TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE **D** ☐ Delete
NAME **LONG, KEN**
STREET ADDRESS **3235 8TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

TITLE **D** ☐ Delete
NAME **THOMAS, MICHAEL**
STREET ADDRESS **5533 81ST TERRACE, NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

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

☒ 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:

Michael J. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04 (727) 544-3293