

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 09 1998 8:00am  
Secretary of State

DOCUMENT # **N95000002085 (7)**

1. Corporation Name

**ST. THOMAS COMMUNITY SERVICES, INC.**



Principal Place of Business

Mailing Address

**805 GLENN PARK WAY  
HOLLYWOOD FL 33021**

**805 GLENN PARK WAY  
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

**05/02/1995**

4. FEI Number

**65-0583711**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**28**

Zip

Country

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PYNGOLIL, JOY  
805 GLENN PARK WAY  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **PYNGOLIL, JOY**  
STREET ADDRESS **5900 SW 17 CT**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ DELETE  
NAME **THOMAS, JOHN M**  
STREET ADDRESS **6640 SW 57 ST**  
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **TD** ☒ DELETE  
NAME **JOHN, P P**  
STREET ADDRESS **9486 SW 49 PL**  
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ DELETE  
NAME **VARGHESE, SOSAMMA**  
STREET ADDRESS **9380 SW 56 ST**  
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME **Alias P.A.**  
2.3 STREET ADDRESS **2330 NW 139 Ave.**  
2.4 CITY-ST-ZIP **SUNRISE, FL 33323**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME **MARIAMMA J. PYNGOLIL**  
4.3 STREET ADDRESS **5900 SW 17 CT**  
4.4 CITY-ST-ZIP **Plantation, FL 33317**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/31/98 964-88-70**

CR2E037 (5/98)