

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 03, 1999 8:00 am  
Secretary of State

08-03-1999 90007 022 \*\*\*\*61.25

DOCUMENT # N95000002085

1. Corporation Name

ST. THOMAS COMMUNITY SERVICES, INC.

Principal Place of Business

805 GLENN PARK WAY  
HOLLYWOOD FL 33021

Mailing Address

805 GLENN PARK WAY  
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/02/1995	
22 City & State		27 City & State		4. FEI Number 65-0583711 <input checked="" type="checkbox"/> Applied For	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYNGOLIL, JOY	1.2 NAME	
STREET ADDRESS	5900 SW 17 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIAS, P A	2.2 NAME	
STREET ADDRESS	2330 NW 139 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIAMMAS, PYNGOLIL	3.2 NAME	D JOSEPH C D
STREET ADDRESS	5900 SW 17 CT	3.3 STREET ADDRESS	980 NE 170 St # 208
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	N. Miami, FL 33162
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGHESE, SOSAMMA	4.2 NAME	SAM, PARATHUNDIL
STREET ADDRESS	9360 SW 56 ST	4.3 STREET ADDRESS	6700 Wedgewood Ave,
CITY-ST-ZIP	COOPER CITY FL 33328	4.4 CITY-ST-ZIP	Davie, FL 33331
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MATHEW VARGHESE
STREET ADDRESS		5.3 STREET ADDRESS	71 27 NW 44 St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

7/22/99 954-964-8870

CR2E037 (5/99)