

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 04, 2004  
Secretary of State**

DOCUMENT# N95000002085

Entity Name: ST. THOMAS COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

805 GLENN PARK WAY  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

805 GLENN PARK WAY  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-0583711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PYNGOLIL, JOY  
805 GLENN PARK WAY  
HOLLYWOOD, FL 33021      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: THOMAS, BABY  
Address: 12527 N W 89 MANOR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: ALIAS, P A  
Address: 2330 NW 139 AVE  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete  
Name: JOSEPH, C D  
Address: 980 NE 170 ST #208  
City-St-Zip: MIAMI, FL 33162

Title: SD ( ) Delete  
Name: PARATHUNDIL, SAM V  
Address: 6700 WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

Title: SD ( ) Delete  
Name: VARSHESE, MATHEW  
Address: 7127 NW 44 ST  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: PD (X) Change ( ) Addition  
Name: PYNGOLIL, JOY  
Address: 6780 56 STREET  
City-St-Zip: VERO BEACH, FL 32967

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOY PYNGOLIL

PD

07/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date