

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 26, 2009
Secretary of State**

DOCUMENT# N95000002085

Entity Name: ST. THOMAS COMMUNITY SERVICES, INC.

Current Principal Place of Business:

6780 56 STREET
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

6780 56 STREET
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0583711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PYNGOLIL, JOY
6780 56 STREET
VERO BEACH, FL 32967 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: PYNGOLIL, JOY
Address: 6780 56 STREET
City-St-Zip: VERO BEACH, FL 32967

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: VARSEHE, MATHEW
Address: 7127 NW 44 ST
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOY PYNGOLIL

PD

06/26/2009

Electronic Signature of Signing Officer or Director

Date