

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90094 044 ****61.25

DOCUMENT # N98000003371

1. Corporation Name

SONS OF THUNDER OUTREACH, INC.

Principal Place of Business

13031 CANTON AVE.
HUDSON FL 34669

Mailing Address

P.O. BOX 5473
HUDSON FL 34674



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3517240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BEIL, EUGENE L
12312 U.S. HWY 19 N.
HUDSON FL 34667

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 ☐ DELETE

NAME
D SULLIVAN, TOM
STREET ADDRESS
13031 CANTON AVE.
CITY-ST-ZIP
HUDSON FL 34669

TITLE ☐ DELETE

NAME
D SULLIVAN, JOHN
STREET ADDRESS
8701 LAFITTE DR.
CITY-ST-ZIP
HUDSON FL 34667

TITLE ☐ DELETE

NAME
D MANCINI, DOMINIC
STREET ADDRESS
7334 AMERICAN WAY
CITY-ST-ZIP
NEW PORT RICHEY FL 34654

TITLE ☐ DELETE

NAME
D BOLOGNA, DAN
STREET ADDRESS
7810 GREYBIRCH TER.
CITY-ST-ZIP
PORT RICHEY FL 34668

TITLE ☒ DELETE

NAME
D BRUNO, FRANCIS
STREET ADDRESS
9230 JASMINE BLVD.
CITY-ST-ZIP
NEW PORT RICHEY FL 34654

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

George Nye
7531 Ironbark Dr.
Port Richey, FL 34668

Teddy Marques
7402 Stardust Dr.
Port Richey FL 34668

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Sullivan

3-2-99

727-863-6933

Date

Daytime Phone #

CR2E037-11/98

0071846