


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N99000004540 1. Entity Name THUNDERBOLT MINISTRIES, INC. |  |
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|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 5818 GRACE LANE JACKSONVILLE, FL 32205 | Mailing Address 5818 GRACE LANE JACKSONVILLE, FL 32205 |
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04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3516429 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PONDER, ELOUISE M 5818 GRACE LANE JACKSONVILLE, FL 32205 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PONDER, WALTER JR. 5818 GRACE LANE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD PONDER, ELOUISE M 5818 GRACE LANE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PONDER-HUNT, CATHLEEN 5818 GRACE LANE JACKSONVILLE, FL 32205 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/27/05-80161-020 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Ponder Jr. 4/20/05 904-256-9410
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

WALTER PONDER JR.