

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005834

**Entity Name:** ST. THOMAS FAMILY LIFE VPK CENTER, INC.

**Current Principal Place of Business:**

2119 ROWE AVENUE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

2119 ROWE AVENUE  
JACKSONVILLE, FL 32208

**FEI Number:** 46-2990802

**Certificate of Status Desired:** No

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

MURRAY, ERNIE L SR.  
2119 ROWE AVENUE  
JACKSONVILLE, FL 32208 US

*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

**Officer/Director Detail :**

Title P  
Name MURRAY, ERNIE L SR.  
Address 2119 ROWE AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name WARD, MARVIN  
Address 9231 SPOTTSWOOD ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name STARKES, ANETA M  
Address 4104 SANTEE ROAD  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby 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 all other like empowered.*

**SIGNATURE:** ERNIE L. MURRAY, SR.,

PASTOR

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date