

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000898

Entity Name: THE THOMAS MORE SOCIETY, NFP CORP.**Current Principal Place of Business:**309 W WASHINGTON ST
SUITE 1250
CHICAGO, IL 60606**Current Mailing Address:**7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US**FEI Number:** 36-4270023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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	DIRECTOR
Name	BREJCHA, THOMAS
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR, PRESIDENT
Name	SCHEIDLER, ANN
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR, TREASURER
Name	OLP, THOMAS
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	BREEN, JOHN M.
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR, SECRETARY
Name	BATH, ANDREW M.
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	MORSE, EDWARD A.
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

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: THOMAS BREJCHA

DIRECTOR

04/23/2025

Electronic Signature of Signing Officer/Director Detail_____
Date