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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04941** (3)

1. Corporation Name

CARL RICHARDSON MINISTRIES, INC.

Principal Place of Business

Mailing Address

PO BOX 1000
304 E. LUMSDEN
BRANDON FL 33511

PO BOX 1000
304 E. LUMSDEN
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/31/1984** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2471263** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for change fee under s. 196.04, Florida Statutes. Yes No

2. Principal Place of Business

Mailing Address

21 Suite Apt. # etc.

26 Suite Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, CARL H.
3006 DRAKE'S LANDING
PO BOX 1000
VALRICO FL 33594**

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 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *Carl H. Richardson* **CARL H. Richardson** President April 28, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12-1 TITLE	PD
12-2 NAME	RICHARDSON, CARL H.
12-3 STREET ADDRESS	3006 DRAKE'S LANDING
12-4 CITY ST. ZIP	VALRICO FL
12-5 TITLE	STD
12-6 NAME	RICHARDSON, BEVERLY
12-7 STREET ADDRESS	3006 DRAKE'S LANDING
12-8 CITY ST. ZIP	VALRICO FL
12-9 TITLE	D
12-10 NAME	SIMMONS, DAVID L.
12-11 STREET ADDRESS	3006 DRAKE'S LANDING
12-12 CITY ST. ZIP	VALRICO FL
12-13 TITLE	PD
12-14 NAME	RICHARDSON, CARL H.
12-15 STREET ADDRESS	3006 DRAKE'S LANDING
12-16 CITY ST. ZIP	VALRICO FL
12-17 TITLE	
12-18 NAME	
12-19 STREET ADDRESS	
12-20 CITY ST. ZIP	
12-21 TITLE	
12-22 NAME	
12-23 STREET ADDRESS	
12-24 CITY ST. ZIP	

13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	
13-4 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5 TITLE	
13-6 NAME	
13-7 STREET ADDRESS	
13-8 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-9 TITLE	
13-10 NAME	
13-11 STREET ADDRESS	
13-12 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-13 TITLE	
13-14 NAME	
13-15 STREET ADDRESS	
13-16 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-17 TITLE	
13-18 NAME	
13-19 STREET ADDRESS	
13-20 CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify hereby that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 110.07(2)(b), 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 on the 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 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Beverly Richardson* April 29, 1995 684-3310