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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N04941 DOCUMENT #

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CARL RICHARDSON MINISTRIES, INC.				I NAMENIA DI ARRI DINA DINA DINA DINA DINA DINA DINA DIN			
rincipal Place of	Business	Mailing Address					
PO BOX 1000		PO BOX 1000					
304 E. LUMSDEN BRANDON FL 33511		304 E. LUMSDEN Brandon FL 33511			(a+ C	ata of Leat Da	anort
		DIAMPON 11 30011		3. Date Incorporated or Qualified 08/31/1984	Date Incorporated or Qualified 08/31/1984 3a. Date of Last Report 05/01/1995		5 5
. Principal Place	of Business	2a. Mailing Address		4 FEt Number			plied For
e, Principal Place	OI DUSINOSS	26		59-2471263	 -		ot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
		27 Chu 9 State		Election Campaign Financing			May Be
City & State		City & State		Trust Fund Contribution			to Fees
]		28 Zip	Country	This corporation has liability for	intangible t	ax under s. 1	99.032,
Zip T	Country	29	30	Florida Statutes	🔲 Yes 🖳	∆ No	
	9. Name and Address of Curre			10. Name and Address of New F	Registered	Agent	
	S. Cours and Lines		81 Name				
DICHADOS	ON, CARL H.		82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
SUUS UDI	KE'S LANDING						
PO BOX 16			83				
VALRICO F			84 City		-	BS Zip	Code
				oration submits this statement for the part of directors. I hereby accept the app	FL		alatarad a 4
11. Pursuant to or registered familiar with	the provisions of Sections 617.05 d agent, or both, in the State of Fig. a, and accept the obligations of, Se	orida. Such change was authori action 617.0503, Florida Statute	zed by the corporation's boass.	and of directors. Priorosy descriptions ()			
or registered familiar with SIGNATUREs	d agent, or both, in the state of Fig., and accept the obligations of, Sciagna ure, typed or printed name of registered ag	ection 617,0503, Florida Statute	OTE Registered Agent signature require 13.		DATE	ND DIRECTO	RS IN 12
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature shall have the same coath; that I em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida St appears in Elock 12 or Block 13 it changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR