

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2004  
Secretary of State**

DOCUMENT# N04941

Entity Name: CARL RICHARDSON MINISTRIES, INC.

**Current Principal Place of Business:**

PO BOX 1000  
304 E. LUMSDEN  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1000  
304 E. LUMSDEN  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 59-2471263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICHARDSON, CARL H.,  
Address: 3006 DRAKE'S LANDING  
City-St-Zip: VALRICO, FL

Title: STD ( ) Delete  
Name: RICHARDSON, BEVERLY,  
Address: 3006 DRAKE'S LANDING  
City-St-Zip: VALRICO, FL

Title: D ( ) Delete  
Name: SIMMONS, DAVID L.,  
Address: 3006 DRAKE'S LANDING  
City-St-Zip: VALRICO, FL

Title: PD ( ) Delete  
Name: RICHARDSON, CARL H.,  
Address: 3006 DRAKE'S LANDING  
City-St-Zip: VALRICO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL H. RICHARDSON

PD

02/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date