

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000007052.	
1. Entity Name CARTER MINISTRIES, INC.	

Principal Place of Business 1904 MICCOSUKEE ROAD SUITE 6 TALLAHASSEE, FL 32308	Mailing Address 1904 MICCOSUKEE ROAD SUITE 6 TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



05132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3490795	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTER, MATTHEW M II 1904-6 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$81.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000160391 05/14/04-80001-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, MATTHEW M II 1904-6 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLINGTON, MEFFERT I 417 MARGARET CT TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THORNTON, GLENDA 1514 GREY FOX RUN TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Glenda Thornton	Date 5/12/04	Daytime Phone # (850) 222-6100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		