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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600002634 (1)

FILED Jan 27 1997 8:00am Secretary of State

1. Corporation Name CAROL PIKINI MINISTRIES, INC. Principal Place of Business Mailing Address 17714 GREY EAGLE COURT TAMPA FL 33647 TAMPA FL 33647-2260									
						3. Date Incorporated or Qualified 05/28/1996	3a. [Date of Last P	Report
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number		1 14	pplied For
21	1200 0 200 1100	26				58-1582137			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			**************************************	5. Certificate of Status Desired		\$8.75	Additional equired
City & State	e	City & State	····		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip	30 C	ountry	,	This corporation has liability to Florida Statutes	-	le tax under s	s. 199.032,
24]	9. Name and Address of Curre		1301			10. Name and Address of New F			
				B1	Name				
PIGHINI, CAROL T 17714 GREY EAGLE COURT TAMPA FL 33647				82 83	Street Add	dress (P.O. Box Number is Not Accept	able)		
				84 City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida S	tatutes, the	above	l e-named cor	poration submits this statement for the	purpose	of changing i	its registered
office or r agent. I a SIGNATURE	to the provisions of Sections of the State registered agent, or both, in the State rm familiar with, and accept the oblination Signature, haved or printed name of registered as	gations of, Section 617.0500	3, Florida S	tatute	S.	poration submits this statement for the ation's board of directors. I hereby acc used when reinstating)	purpose ept the ap	of changing i opointment as	its registered s registered
agent. I a	im familiar with, and accept the obli-	gations of, Section 617.0500 gent and title if applicable. ND DIRECTORS	3, Florida S (NOTE Regist	tatutes ared Age	S.		DATE	NO DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, lysed or printed name of registered at OFFICERS AI	gations of, Section 617.050(gent and tille if applicable.	(NOTE Regist	ered Age 3.	S.	ured when reinstating)	DATE	···	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rue 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/97 624-21