

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F96000002634 (1)**

1. Corporation Name

**CAROL PIKINI MINISTRIES, INC.**



Principal Place of Business	Mailing Address
17714 GREY EAGLE COURT TAMPA FL 33647	17714 GREY EAGLE COURT TAMPA FL 33647-2280

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22	27
City & State	City & State

23	28
City & State	City & State

24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified <b>05/28/1996</b>	3a. Date of Last Report
--	-------------------------

4. FEI Number <b>58-1582137</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIGHINI, CAROL T**  
**17714 GREY EAGLE COURT**  
**TAMPA FL 33647**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIGHINI, CAROL T	
STREET ADDRESS	17714 GREY EAGLE COURT	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, DALE	
STREET ADDRESS	6690 HICKORY MANOR CIRCLE	
CITY - ST - ZIP	CHATTANOOGA TN 37421	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THREADGILL, ANNE	
STREET ADDRESS	411 COLLEGE DR., #F-4	
CITY - ST - ZIP	CHATTANOOGA TN 30720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORBY, MARY L	
STREET ADDRESS	411 COLLEGE DR., #F-4	
CITY - ST - ZIP	CHATTANOOGA TN 30720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COCHRAN, CECIL	
STREET ADDRESS	1396 BOYLES MILL RD	
CITY - ST - ZIP	DALTON GA 30721	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COCHRAN, ANGELA	
STREET ADDRESS	1396 BOYLES MILL RD	
CITY - ST - ZIP	DALTON GA 30721	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dale Wolfe* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

624-2176

Daytime Phone # 0049067

CR2E037 (9/96)