


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

58-1582137

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

President
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

Elizabeth Fuller - Sec. & Treas.

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	PIGHINI, CAROL T	
STREET ADDRESS	17714 GREY EAGLE COURT	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, DALE	
STREET ADDRESS	6690 HICKORY MANOR CIRCLE	
CITY-ST-ZIP	CHATTANOOGA TN 37421	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THREADGILL, ANNE	
STREET ADDRESS	411 COLLEGE DR., #F-4	
CITY-ST-ZIP	CHATTANOOGA TN 30720	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBY, MARY L	
STREET ADDRESS	411 COLLEGE DR., #F-4	
CITY-ST-ZIP	CHATTANOOGA TN 30720	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, CECIL	
STREET ADDRESS	1396 BOYLES MILL RD	
CITY-ST-ZIP	DALTON GA 30721	

TITLE	D	<input checked="" 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	1 Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pighini, John	
1.3 STREET ADDRESS	17714 Grey Eagle Court	
1.4 CITY-ST-ZIP	Tampa, FL 33647	

2.1 TITLE	1 Fullen, Elizabeth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3975 Braikert Rd.	
2.3 STREET ADDRESS	Chatt., TN 37411	
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 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:

Elizabeth Fuller ELIZABETH FULLER

3-12-98 493-623-1306

CR2E037 (10/97)