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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002634

1. Corporation Name

CAROL PIKINI MINISTRIES, INC.

167266 - 90199 03

Principal Place of Business

17714 GREY EAGLE COURT
TAMPA FL 33647

Mailing Address

17714 GREY EAGLE COURT
TAMPA FL 33647



2. Principal Place of Business

21 *Chattanooga, TN*

2a. Mailing Address

26 *3925 Brainerd Rd*

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

58-1582137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PIGHINI, CAROL T
17714 GREY EAGLE COURT
TAMPA FL 33647

10. Name and Address of New Registered Agent

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 TP
NAME PIGHINI, CAROL T
STREET ADDRESS 17714 GREY EAGLE COURT
CITY-ST-ZIP TAMPA FL 33647

TITLE TVP
NAME PIGHINI, JOHN
STREET ADDRESS 17714 GREY EAGLE CT
CITY-ST-ZIP CHATTANOOGA TN 37421

TITLE T
NAME FULLER, ELIZABETH
STREET ADDRESS 3775 BRIANERD RD
CITY-ST-ZIP CHATTANOOGA TN 30720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Landreth, Nancy
1.3 STREET ADDRESS 1506 Bunker Rd.
1.4 CITY-ST-ZIP Chattanooga, TN 37421

2.1 TITLE Director
2.2 NAME Nevels, Danny
2.3 STREET ADDRESS 5027 Oakhurst Dr.
2.4 CITY-ST-ZIP Tampa, Fla. 33625

3.1 TITLE Director
3.2 NAME Dan Mastoli
3.3 STREET ADDRESS 16008 Timberwood Dr.
3.4 CITY-ST-ZIP Tampa, Fla. 33688

4.1 TITLE Director
4.2 NAME Vivian Mastoli
4.3 STREET ADDRESS 16008 Timberwood Dr.
4.4 CITY-ST-ZIP Tampa, Fla. 33688

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Elizabeth A. Fuller* REQUIRED

2-11-99

423-622-1206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)