

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007372

1. Entity Name
CARPENTER PLACE MINISTRIES, INC.



Principal Place of Business
**19301 N.W. 19TH CT.
MIAMI, FL 33056**

Mailing Address
**19301 N.W. 19TH CT.
MIAMI, FL 33056**



DO NOT WRITE IN THIS SPACE

03062005 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1062351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, MACK D
19301 N.W. 19TH CT.
MIAMI, FL 33056**

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

3-12-06

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANTLEY, LINDA L
16321 NORTHWEST 77 PLACE
MIAMI LAKES, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, ALLIE V
19301 N.W. 19TH CT.
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEAN, QUEEN E
18030 NW 18 AVE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000467912
03/24/06-80009-020 61.25**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALLIE DAVIS / ALLIE DAVIS 3-12-06 3056231680