


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000007903</b>		
1. Entity Name <b>S &amp; E CARTY MININSTIES, INC.</b>		

Principal Place of Business <b>5534 SUN VALLEY PENSACOLA, FL 32505</b>	Mailing Address <b>5534 SUN VALLEY PENSACOLA, FL 32505</b>
---	---



**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>33-0040735</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CARTY, SARAH E  
5534 SUN VALLEY  
PENSACOLA, FL 32505**

**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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTY, SARAH E 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONALDSON, EUTHELMA M 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, LOUISA 5534 SUN VALLEY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000924308  
 04/22/05-80098-023 70.00

**DO NOT WRITE IN THIS SPACE**

12. 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 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 an address, with all other like empowered.

SIGNATURE:  **SARAH E. CARTY** **4/22/05** **850-432-5200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #