


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90020 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06488**

1. Corporation Name

**PAUL CARMICHAEL CHRISTIAN MINISTRY ASSOCIATION,  
INC.**

Principal Place of Business  
% MINNIE SAULS CARMICHAEL  
1821 TWELVE OAKS LANE WEST  
NEPTUNE BEACH FL 32266-3109

Mailing Address  
1821 TWELVE OAKS LANE  
1821 TWELVE OAKS LANE WEST  
NEPTUNE BEACH FL 32266  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/05/1984 4. FEI Number 59-2480894 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**CARMICHAEL, MINNIE SAULS  
1821 TWELVE OAKS LANE WEST  
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, PAUL D. JR.	1.2 NAME	
STREET ADDRESS	1821 TWELVE OAKS LANE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, MINNIE SAULS	2.2 NAME	
STREET ADDRESS	1821 TWELVE OAKS LANE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, MARY A FENDER	3.2 NAME	VD
STREET ADDRESS	273 COVINO AVE.	3.3 STREET ADDRESS	BLOUNT, MARY ANN FENDER
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	4800 Shore Drive St. Augustine, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Minnie Sauls Carmichael*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MINNIE SAULS CARMICHAEL

3/25/99

Date

(904)241-2974

Daytime Phone #

CR2E037 (1/98)