

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06488

1. Entity Name

PAUL CARMICHAEL CHRISTIAN MINISTRY ASSOCIATION,

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90011 045 ****61.25

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

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-2480894 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| CARMICHAEL, MINNIE SAULS 1821 TWELVE OAKS LANE WEST NEPTUNE BEACH FL 32266 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | |
| | City FL Zip Code |

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARMICHAEL, PAUL D. JR. | NAME | |
| STREET ADDRESS | 1821 TWELVE OAKS LANE W | STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARMICHAEL, MINNIE SAULS | NAME | |
| STREET ADDRESS | 1821 TWELVE OAKS LANE W | STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLOUNT, MARY A FENDER | NAME | |
| STREET ADDRESS | 4800 SHORE DR | STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Paul D. Carmichael, Jr. **COPIED** Feb 8, 2000 904-241-2974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)