


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N09342 1. Entity Name CARTER PHILLIPS MINISTRIES, INC.	
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Principal Place of Business 4391 36 AVE N P O BOX 47055 ST PETERSBURG, FL 33743-7055 US	Mailing Address PO BOX 47055 ST. PETERSBURG, FL 33743-7055 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2544017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHILLIPS, CARTER L
4391 36TH AVE N
ST PETERSBURG, FL 33713

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, CARTER L. 4391 36TH AVE N ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS, SANDRA S. 4391 36TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBURN, RICHARD L. 1182 41ST AVENUE NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, JACK A. 5400 50TH AVENUE N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/05-80041-006 61.25

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 817, 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: *Carter L Phillips Pres/D* *Carter L Phillips* *Apr 8, 2005* *727 525 2420*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #