2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # N09342 04-20-2006 90218 036 ****61.25 CARTER PHILLIPS MINISTRIES, INC. Principal Place of Business Mailing Address 4391 36 AVE N PO BOX 47055 50014315 ST. PETERSBURG, FL 33743-7055 US P 0 BOX 47055 ST PETERSBURG, FL 33743-7055 US 2. Principal Place of Business 3. Mailing Address 0300 Suite, Apt. #. etc. 04142006 Chg-NP Suite, Apt. #, etc. CR2E037 (11/05) Applied For 4. FEI Number 59-2544017 City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITON BICKLEY 11 Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, CARTER L 4391 36TH AVE N ST PETERSUBRG, FL 33713 City St. PETERS Gung 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Oelete e Phillips, CARTER L. PHILLIPS, CARTER L. NAME MALAF 8028 Chadwick Lane HENDERSON, Ky 42420 STREET ADDRESS 4391 36TH AVE N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Sty Phillips Sonder S. 8028 Chadwick Lane Hendanson, Ky 42420 PHILLIPS, SANDRA S. NAME NAME STREET ADDRESS 4391 36TH AVE N STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-70 milton BickLey II 10300, 5415 AUE N 54. FEEDSburg, 71 33708 ☐ Change -El Addition ΠΠF Oelete NAME HILBURN RICHARD L. MALE STREET ADDRESS 1182 41ST AVENUE NE STREET ADORESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP Change TITLE TITLE Delete Addition ARRINGTON, JACK A. NAME NAME 5400 50TH AVENUE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an address, with all other like empowered.

FILED