

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortman</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22392**  
1. Corporation Name

**OMNI CHURCH\_MUSEUM ASSOCIATION, INC.**  
**N22392**

Principal Place of Business <b>741 Pope St.</b> <b>Memphis, TN. 38112</b>	Mailing Address <b>P.O. Box 89</b> <b>Memphis, TN. 38101</b>
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3. Date Incorporated or Qualified

**September 8, 1987**

4. FEI Number

**59-2850046**

Applied For

Not Applicable

2. Principal Place of Business <b>21 741 Pope St. Memphis, TN</b>	2a. Mailing Address <b>25 P.O. Box 89, Memphis, TN</b>
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Suite, Apt. #, etc.

**22**

City & State  
**23 Memphis, TN. 38112**

Zip  
**24 38112**

Country  
**25 Shelby**

City & State  
**26 Memphis, TN. 38101**

Zip  
**27 38101**

Country  
**28 Shelby**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Herbert L. Carter**  
**211 E. Park Ave.**  
**Niceville, FL. 32578**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

**Herbert L. Carter** **PRESIDENT**

**FEBRUARY 25, 1998**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres. Herbert L. Carter** ☐ DELETE

STREET ADDRESS  
**741 Pope ST.**  
CITY-ST-ZIP  
**Memphis, TN. 38112**

TITLE **V-Pres. Patrick S. Collins** ☐ DELETE

STREET ADDRESS  
**1880 Lyndale St.**  
CITY-ST-ZIP  
**Memphis, TN. 38112**

TITLE **Sec. Treasurer** ☐ DELETE

STREET ADDRESS  
**John S. Jobe**  
**8485 Poplar Pike**  
**Germantown, TN. 38138**

TITLE **Director-Diane C. Sadler** ☐ DELETE

STREET ADDRESS  
**N/A- P.O. Box 254**  
CITY-ST-ZIP  
**Niceville, FL. 32588**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

**Herbert L. Carter**

**February 25, 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E037 (10/97)