

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90193 009 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N22392

1. Corporation Name

OMNI CHURCH-MUSEUM ASSOCIATION, INC.
a/k/a LIVING BIBLE MUSEUM

Principal Place of Business

**741 POPE STREET
MEMPHIS TN 38112
US**

Mailing Address

**P.O. BOX 89
MEMPHIS TN 38101
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 09/08/1987 4. FEI Number 59-2850046 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

9. Name and Address of Current Registered Agent

**CARTER, HERBERT L.
211 E. PARK AVE.
NICEVILLE FL 32580**

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, HERBERT L.	1.2 NAME	
STREET ADDRESS	741 POPE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38112	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, PATRICK S.	2.2 NAME	
STREET ADDRESS	1000 E. FRANKLIN STREET	2.3 STREET ADDRESS	2315 KIRBY PARKWAY
CITY-ST-ZIP	MEMPHIS TN 38112	2.4 CITY-ST-ZIP	MEMPHIS TN 38120
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBE, JOHN S	3.2 NAME	
STREET ADDRESS	8485 POPLAR PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN 38138	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, DIANE C	4.2 NAME	
STREET ADDRESS	P.O. BOX 254 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32588	4.4 CITY-ST-ZIP	
TITLE		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		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	

**ENCLOSED \$61.25
8.75
70.00**

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:

HERBERT L. CARTER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19, 1999
Date

901-452-6812
Daytime Phone #

CR2E037 (11/98)