

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90081 023 \*\*\*\*70.00

**DOCUMENT # N22392**

1. Entity Name

**OMNI CHURCH-MUSEUM ASSOCIATION, INC.**  
a/k/a Living Bible Museum

Principal Place of Business

Mailing Address

741 POPE STREET  
MEMPHIS TN 38112  
US

P.O. BOX 89  
MEMPHIS TN 38101-0089  
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2850046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Herbert L. Carter, President

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

(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  Delete  
NAME CARTER, HERBERT L.  
STREET ADDRESS 741 POPE STREET  
CITY-ST-ZIP MEMPHIS TN 38112

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  Delete  
NAME COLLINS, PATRICK S.  
STREET ADDRESS 2315 KIRBY PKWY  
CITY-ST-ZIP MEMPHIS TN 38120

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  Delete  
NAME JOBE, JOHN S  
STREET ADDRESS 8485 POPLAR PIKE  
CITY-ST-ZIP GERMANTOWN TN 38138

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SADLER, DIANE C  
STREET ADDRESS P.O. BOX 254 N/A  
CITY-ST-ZIP NICEVILLE FL 32588

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: Herbert L. Carter, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 2000 901-452-6822  
Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE