


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 017 ****70.00

DOCUMENT # N22392	
1. Entity Name OMNI CHURCH-MUSEUM ASSOCIATION, INC.	

Principal Place of Business 741 POPE STREET CHANGE MEMPHIS TN 38112 US	Mailing Address P.O. BOX 89 MEMPHIS TN 38101 US
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2. Principal Place of Business 433 N. WHITE STATION RD	3. Mailing Address
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State MEMPHIS TN	City & State
Zip 38117	Country SMELBY

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent CARTER, HERBERT L. CHANGE 103 SADLER CT. PO BOX 254 NICEVILLE FL 32578	7. Name and Address of New Registered Agent Name: HERBERT L. CARTER Street Address (P.O. Box Number is Not Acceptable): 211 E. PARK AVE City: NICEVILLE FL Zip Code: 32578
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4. FEI Number 59-2850046	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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 _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, HERBERT L. 741 POPE STREET MEMPHIS TN 38112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLINS, PATRICK S. 2315 KIRBY PKWY MEMPHIS TN 38120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOBE, JOHN S 8485 POPLAR PIKE GERMANTOWN TN 38138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADLER, DIANE G. DELETE P.O. BOX 254 N/A NICEVILLE FL 32578 H.L. Carter <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: **Herbert L. Carter** **FEBRUARY 16, 2006** **901-605-1218**