


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90026 046 \*\*\*\*70.00

<b>DOCUMENT # N22392</b>	
1. Entity Name <b>OMNI CHURCH-MUSEUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>433 N WHITE STATION RD MEMPHIS TN 38117 US</b>	Mailing Address <b>P.O. BOX 89 CHANCE MEMPHIS TN 38101 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5225 SUMMER AVE</b>	3. Mailing Address <b>5225 SUMMER AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>MEMPHIS TN 38122-4410</b>

1st MOORE CR2E037 (10/07)

City & State <b>MEMPHIS TN 38122-4410</b>	City & State <b>MEMPHIS TN 38122-4410</b>
Zip <b>38122-4410</b>	Country <b>U.S.A.</b>
Zip <b>38122-4410</b>	Country <b>SHILOH</b>

4. FEI Number <b>59-2850046</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CARTER, HERBERT L 211 E PARK AVE NICEVILLE FL 32578</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 + \$8.75 Due By May 1, 2008 ENCLOSURE</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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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. 5225 SUMMER AVE MEMPHIS TN 38122-4410 <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	<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 HERBERT L CARTER - PRESIDENT-FOUNDER**