

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002059 (4)

1. Corporation Name

CREATIVE MINISTRIES, INC.



Principal Place of Business

9200 ASHLAND AVE
PENSACOLA FL 32534

Mailing Address

9200 ASHLAND AVE
PENSACOLA FL 32564
US

3. Date Incorporated or Qualified
05/06/1993

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

32534

Country

24

9. Name and Address of Current Registered Agent

MCCAMMON, PAULA
9200 ASHLAND AVE
PENACOLA FL 32534

4. FEI Number

59-3201124

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

Paula McCammon

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

(NOTE: Registered Agent signature required when reappointing)

2/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

CREELE, BRENDA MRS.

STREET ADDRESS

206 SABINE DRIVE

CITY - ST - ZIP

PENSACOLA BEACH FL 32561

TITLE

D

☐ DELETE

NAME

HAWTHORNE, W.D. MR.

STREET ADDRESS

8813 N. PALAFOX STREET

CITY - ST - ZIP

PENSACOLA FL 32534

TITLE

CD

☒ DELETE

NAME

MCALLISTER, J. THOMAS MR.

STREET ADDRESS

7420 DANNY WAY

CITY - ST - ZIP

PENSACOLA FL 32526

TITLE

D

☐ DELETE

NAME

MCCAMMON, PAULA MRS

STREET ADDRESS

9200 ASHLAND AVENUE

CITY - ST - ZIP

PENSACOLA FL 32534

TITLE

D

☐ DELETE

NAME

NALL, JEAN MRS.

STREET ADDRESS

3745 STEFANI ROAD

CITY - ST - ZIP

CANTONMENT FL 32533

TITLE

D

☐ DELETE

NAME

NOBLES, WILLIAM MR. III

STREET ADDRESS

2920 BLACKSHEAR AVENUE

CITY - ST - ZIP

PENSACOLA FL 32503

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

LARRY MCHEENRY SR., MR.
6962 SLASH PINE RD.
PENSACOLA, FL 32526

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Paula McCammon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA MCCAMMON

Date

2/8/96

Daytime Phone #

813-4122-8291/123

CR2E037 (12/95)