

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002059 (4)**

1. Corporation Name

**CREATIVE MINISTRIES, INC.**



Principal Place of Business <b>8200 ASHLAND AVE PENSACOLA FL 32534</b>	Mailing Address <b>8200 ASHLAND AVE PENSACOLA FL 32534-8358 US</b>
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3. Date Incorporated or Qualified <b>05/06/1993</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-3201124</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCAMMON, PAULA  
9200 ASHLAND AVE  
PENSACOLA FL 32534**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>GUYNEL WOHL GEMUTH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CREEL, BRENDA MRS.</b>	<b>BOARD MEMBER</b>	1.2 NAME <b>2838 Venetia Dr.</b>	<b>SECRETARY</b>
STREET ADDRESS <b>206 SABINE DRIVE</b>		1.3 STREET ADDRESS <b>Gulf Breeze, FL 32561</b>	
CITY-ST-ZIP <b>PENSACOLA BEACH FL 32561</b>		1.4 CITY-ST-ZIP <b>Gulf Breeze, FL 32561</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>JOHN THUIS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HAWTHORNE, W.D. MR.</b>	<b>VICE PRES</b>	2.2 NAME <b>813 Valley Ridge Cr</b>	<b>TREASURER</b>
STREET ADDRESS <b>8813 N. PALAFOX STREET</b>		2.3 STREET ADDRESS <b>PENSACOLA, FL 32514</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32534</b>		2.4 CITY-ST-ZIP <b>PENSACOLA, FL 32514</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>GEORGE VAN MATRE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCHENRY, LARRY SR</b>	<b>BOARD MEMBER</b>	3.2 NAME <b>405 YORK ST.</b>	<b>BOARD MEMBER</b>
STREET ADDRESS <b>6862 SLASH PINE ROAD</b>		3.3 STREET ADDRESS <b>GULF BREEZE, FL 32561</b>	
CITY-ST-ZIP <b>PENSACOLA FL</b>		3.4 CITY-ST-ZIP <b>GULF BREEZE, FL 32561</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCAMMON, PAULA MRS</b>	<b>BOARD MEMBER</b>	4.2 NAME	
STREET ADDRESS <b>9200 ASHLAND AVENUE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL 32534</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NALL, JEAN MRS.</b>	<b>BOARD MEMBER</b>	5.2 NAME	
STREET ADDRESS <b>3745 STEFANI ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CANTONMENT FL 32533</b>		5.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOBLES, WILLIAM MR. III</b>	<b>PRESIDENT</b>	6.2 NAME	
STREET ADDRESS <b>2920 BLACKSHEAR AVENUE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL</b>		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)