

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90019 010 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002059

1. Corporation Name

CREATIVE MINISTRIES, INC.

Principal Place of Business

9200 ASHLAND AVE
PENSACOLA FL 32534

Mailing Address

9200 ASHLAND AVE
PENSACOLA FL 32534
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/06/1993

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

9. Name and Address of Current Registered Agent

MCCAMMON, PAULA
9200 ASHLAND AVE
PENACOLA FL 32534

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CREEL, BRENDA MRS.

STREET ADDRESS 206 SABINE DRIVE

CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE DV ☐ DELETE

NAME HAWTHORNE, W.D. MR.

STREET ADDRESS 8813 N. PALAFOX STREET

CITY-ST-ZIP PENSACOLA FL 32534

TITLE CD ☐ DELETE

NAME MCHENRY, LARRY SR

STREET ADDRESS 6962 SLASH PINE ROAD

CITY-ST-ZIP PENSACOLA FL

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 PD ☐ DELETE

NAME NOBLES, WILLIAM MR. III

STREET ADDRESS 2920 BLACKSHEAR AVENUE

CITY-ST-ZIP PENSACOLA FL

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (850) 595-6843
Date Daytime Phone #

CR2E037 (1/98)