


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006185</b> 1. Entity Name CAPSTONE MINISTRIES INTERNATIONAL, INC.	
---	---

Principal Place of Business 8393 INVERNESS DR TALLAHASSEE, FL 32312-3163	Mailing Address 8393 INVERNESS DR TALLAHASSEE, FL 32312-3163
--	--

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3415230	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CARROLL, RONALD D 8393 INVERNESS DR TALLAHASSEE, FL 32312-3163	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN00000265510 03/16/05-80060-009. 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CARROLL, RONALD D 8393 INVERNESS DR TALLAHASSEE, FL 323123163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, MICHAEL E 4167 MCLEOD DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARROLL, MELINDA M 8393 INVERNESS DR TALLAHASSEE, FL 323123163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.

SIGNATURE Ronald D. Carroll 3/15/05 850-545-0031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ronald D. Carroll