

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006185**

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**



01252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3415230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CARROLL, RONALD D  
8393 INVERNESS DR  
TALLAHASSEE, FL 32312-3163**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

UD0000403748  
02/06/06-80019-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald D Carroll D/P**

Date

**1/25/06 850-545-0031**

Daytime Phone #