

**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**

**DO NOT WRITE IN THIS SPACE**



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

6. Name and Address of Current Registered Agent

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

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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000403748  
 02/06/06-80019-014 61.25

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: *Ronald D Carroll* **Ronald D Carroll D/P** 1/25/06 850-545-0031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #