

DOCUMENT # N97000007052

1. Entity Name

CARTER MINISTRIES, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90114 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1904 MICCOSUKEE ROAD  
SUITE 6  
TALLAHASSEE FL 32308

1904 MICCOSUKEE ROAD  
SUITE 6  
TALLAHASSEE FL 32308-5341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3490795

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MATTHEW M II  
1904 MICCOSUKEE ROAD, Unit 6  
TALLAHASSEE FL 32308

Name

MATTHEW M. CARTER II

Street Address (P.O. Box Number is Not Acceptable)

1904-6 Miccosukee Road

City

Tallahassee

FL

Zip Code

32308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-13-00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CARTER, MATTHEW M II  
STREET ADDRESS 1904-6 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HOWARD, CAROLYN  
STREET ADDRESS 2252 PAUL RUSSELL CIR.  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GASKELL, GEORGE  
STREET ADDRESS 476 PELLINORE PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME THORNTON, GLENDA  
STREET ADDRESS 1514 GREY FOX RUN  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (850) 878-5799

Date

Daytime Phone #

CR2E037 (9/99)