SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $208)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:45

DOCUMENT # **705961** **(1)**

1. Corporation Name

MOUNT CARMEL BAPTIST CHURCH OF JACKSONVILLE, FLORIDA

Principal Place of Business	Mailing Address
1329 MARKET STREET JACKSONVILLE FL 32206	1329 MARKET STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1963
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2389585 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XXX FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

TAYLOR, RUTH
5423 FOXBORO ROAD
JACKSONVILLE FL 32208

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, FREDDIE B., DEA.	1.2 NAME	
STREET ADDRESS	1510 EAST 19TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JONATHAN, DEA.	2.2 NAME	
STREET ADDRESS	1035 WEST 17TH STRET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, GLENN	3.2 NAME	D
STREET ADDRESS	5523 LOFTY PINE CIR. SOUTH	3.3 STREET ADDRESS	Charles Foote
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	1116 East 19th Street Jacksonville, Fl 32206
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, CHARLIE, DEA.	4.2 NAME	
STREET ADDRESS	1775 DOT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	BAILEY, JOSEPH E., DEA.	5.2 NAME	D
STREET ADDRESS	7060 BISHOP HATCHER DR.	5.3 STREET ADDRESS	Archie Rountree
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	1128 East 8th Street Jacksonville, Fl. 32206
TITLE	EOC	6.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, KELVIN L PASTO	6.2 NAME	EOC
STREET ADDRESS	9748 DEVONSHIRE BLVD	6.3 STREET ADDRESS	Alfred B. Walker
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	1517 Forest Hills Rd. Jacksonville, Fl. 32208

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

Alfred B. Walker 8-3-95 (904) 359-0855

SIGNATURE: Alfred B. Walker 8/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001700