

**FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 20 AM 8:28

**DOCUMENT # 712961 (2)**  
1. Corporation Name  
**MT. CARMEL MISSIONARY BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1745 N.W. 79TH STREET MIAMI FL 33147-5639		1745 N.W. 79TH STREET MIAMI FL 33147-5639	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date incorporated or Qualified	3a. Date of Last Report
06/20/1967	09/06/1994
4. FEI Number	Applied For
65-0233063	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SCHER, ARNOLD I  
444 BRICKELL AVE. #1050  
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

B1 Name	JACK LEVINE, CPA
B2 Street Address (P.O. Box Number is Not Acceptable)	16855 N.E. 2ND AVENUE, # 303
B3	
B4 City	NORTH MIAMI BEACH, FL
B5 Zip Code	33162

11. Pursuant to the provisions of Sections 607.0508 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6/15/95  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

**12. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WALLACE, CLINTON
STREET ADDRESS	1441 N.W. 89TH ST.
CITY - ST - ZIP	MIAMI FL 33147
TITLE	D
NAME	STARKS, DANTE'
STREET ADDRESS	3840 N.W. 175TH STREET
CITY - ST - ZIP	MIAMI FL 33056
TITLE	D
NAME	HILL, CLARENCE SR.
STREET ADDRESS	1540 NW 55TH TERRACE
CITY - ST - ZIP	MIAMI FL 33142 <i>Delete</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REV. JAMES C. KINCHEN, JR.	
1.3 STREET ADDRESS	1010 N.W. 87TH ST.	
1.4 CITY - ST - ZIP	MIAMI, FL. 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	S	
2.2 NAME	STARKS, DANTE	
2.3 STREET ADDRESS	3840 N.W. 175th Street	
2.4 CITY - ST - ZIP	MIAMI, FL. 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	
3.2 NAME	HURKES, SR., JAMES	
3.3 STREET ADDRESS	2354 N.W. 85TH ST.	
3.4 CITY - ST - ZIP	MIAMI, FL. 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	
4.2 NAME	JOHNNY TYRONE LOVE	
4.3 STREET ADDRESS	2108 N.W. 83rd Terrace	
4.4 CITY - ST - ZIP	Miami, Fl. 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	RICHARD SMART	
5.3 STREET ADDRESS	1540 N.W. 1st Place #4	
5.4 CITY - ST - ZIP	Miami, Fl 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	AUNDRAY D. ADAMS	
6.3 STREET ADDRESS	899 N.W. 214TH ST. #203	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.03(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEE CONTINUATION NEXT PAGE:  
Date (Type in Pencil)

71296

PREPARED BY	INITIALS	DATE	REFERENCE
CHECKED BY			
APPROVED BY			

1. NAME OF CORPORATION		2. NAME, ADDRESS AND CITY OF OFFICE		3. NAME, ADDRESS AND CITY OF OFFICE		4. NAME, ADDRESS AND CITY OF OFFICE		5. NAME, ADDRESS AND CITY OF OFFICE		6. NAME, ADDRESS AND CITY OF OFFICE	
TITLE	MT. CARMEL MISSIONARY BAPTIST CHURCH, INC. P.2	1.1 TITLE	D	1.2 NAME	JIMMY T. SHAW	1.3 STREET ADDRESS	1291 N.W. LITTLE RIVER DRIVE	1.4 CITY-STATE-ZIP	MIAMI, FL. 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		2.1 TITLE	D	2.2 NAME	MAE G. LANIER	2.3 STREET ADDRESS	3051 N.W. 69TH TERRACE	2.4 CITY-STATE-ZIP	MIAMI, FL. 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP		3.1 TITLE	VP	3.2 NAME	CLINTON WALLACE	3.3 STREET ADDRESS	1440 N.W. 89TH STREET	3.4 CITY-STATE-ZIP	MIAMI, FL. 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-STATE-ZIP											

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 110.07(3)(b), 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) (Month)