

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Principal Place of Business Mailing Address
1745 N.W. 79TH STREET 1745 N.W. 79TH STREET
MIAMI FL 33147-5639 MIAMI FL 33147-5639

FILED
97 SEP 25 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1967	3a. Date of Last Report 09/04/1996
4. FEI Number 65-0233063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LEVINE, JACK
16855 N.E. 2ND AVENUE
SUITE 303
NORTH MIAMI BEACH FL 33162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	KINCHEN, JAMES C JR.	
STREET ADDRESS	1010 N.W. 87TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	DELETE
NAME	STARKS, DANTE	
STREET ADDRESS	3840 N.W. 175TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	BURKES, JAMES S	
STREET ADDRESS	2354 N.W. 85TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	SMART, RICHARD	
STREET ADDRESS	1540 N.W. 1ST PLACE #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	SHAW, JIMMY T	
STREET ADDRESS	1291 N.W. LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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]* SIGNATURE REQUIRED IF Change or Addition 9/11/97 (25) 1814/11

CR2E037 (4/97)