


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712961** (2)  
1. Corporation Name  
**MT. CARMEL MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business <b>1745 N.W. 79TH STREET MIAMI FL 33147-5639</b>	Mailing Address <b>1745 N.W. 79TH STREET MIAMI FL 33147-5639</b>
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3. Date Incorporated or Qualified <b>06/20/1967</b>		
4. FEI Number <b>65-0233063</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 Country	28. Zip Country		
24. Zip	25. Country	29. Zip	30. Country

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	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 Jack Levine DATE 4-28-98  
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNCHEN, JAMES C JR.</b>	1.2 NAME	<b>GREGG DEAN</b>
STREET ADDRESS	<b>1010 N.W. 87TH STREET</b>	1.3 STREET ADDRESS	<b>1565 NW 121 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STARKS, DANTE</b>	2.2 NAME	<b>Ernest Phillips</b>
STREET ADDRESS	<b>3840 N.W. 175TH STREET</b>	2.3 STREET ADDRESS	<b>3151 NW 92 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKES, JAMES S</b>	3.2 NAME	<b>Willie Murray</b>
STREET ADDRESS	<b>2354 N.W. 85TH STREET</b>	3.3 STREET ADDRESS	<b>3825 NW 197 Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMART, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>1540 N.W. 1ST PLACE #4</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, JIMMY T</b>	5.2 NAME	
STREET ADDRESS	<b>1291 N.W. LITTLE RIVER DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Dante F. Starks DATE: 4-28-98 (305) 191-1454

CR2E037 (10/97)