

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 050 ****70.00

DOCUMENT # 712961

1. Corporation Name

MOUNT CARMEL MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

**1745 NW 79th STREET
MIAMI, FLORIDA 33147**

Mailing Address

**1745 NW 79th STREET
MIAMI, FLORIDA 33147**

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22
City & State

Zip Country

24 **25**

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27
City & State

Zip Country

28 **29** **30**

3. Date Incorporated or Qualified

JUNE 20, 1967

4. FEI Number

65-0233063

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

9. Name and Address of Current Registered Agent

**JACK LEVINE, CPA
16855 NE 2nd AVENUE
SUITE 303
NORTH MIAMI BEACH, FLORIDA 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	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	DANTE STARKS	
STREET ADDRESS	3840 NW 175th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD SMART	
STREET ADDRESS	1540 NW 1st PLACE #4	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GREGG DEAN	
STREET ADDRESS	1565 NW 121ST STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES C KINCHEN, JR	
STREET ADDRESS	1010 NW 87th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JAMES S BURKES	
STREET ADDRESS	2354 NW 85th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JIMMY T SHAW	
STREET ADDRESS	1291 NW LITTLE RIVER DRIVE	
CITY-ST-ZIP	MIAMI, FLORIDA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARENCE HILL SR	
1.3 STREET ADDRESS	1540 NW 55TH TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA	
2.1 TITLE	THEODIS WORTHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	17700 NW 14th COURT	
2.3 STREET ADDRESS	MIAMI, FLORIDA	
2.4 CITY-ST-ZIP	TREASURER	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLA D MURRAY	
3.3 STREET ADDRESS	3825 NW 197th STREET	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33055	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHNNY LOVE	
4.3 STREET ADDRESS	2108 NW 83rd TERRACE	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33147	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EARNST PHILLIPS	
5.3 STREET ADDRESS	3151 NW 92nd STREET	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIE MURRAY	
6.3 STREET ADDRESS	3825 NW 197th STREET	
6.4 CITY-ST-ZIP	MIAMI, FLORIDA	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)