

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90108 002 ****61.25

DOCUMENT # 712961

1. Entity Name

MT. CARMEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**1745 N.W. 79TH STREET
 MIAMI FL 33147-5639**

Mailing Address

**1745 N.W. 79TH STREET
 MIAMI FL 33147-5639**

00001949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **KINCHEN, JAMES C JR.**
 STREET ADDRESS **1010 N.W. 87TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DIRECTOR** Change Addition
 NAME **HILL, CLARENCE SR**
 STREET ADDRESS **1540 NW 55th TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **S** Delete
 NAME **MURRAY, ELLA D**
 STREET ADDRESS **3825 NW 197 ST**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DIRECTOR** Change Addition
 NAME **WORTHEY, THEODIS**
 STREET ADDRESS **17700 NW 14th COURT**
 CITY-ST-ZIP **MIAMI, FLA 33169**

TITLE **D** Delete
 NAME **BURKES, JAMES S**
 STREET ADDRESS **2354 N.W. 85TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DIRECTOR** Change Addition
 NAME **MURRAY, WILLIE**
 STREET ADDRESS **3825 NW 197th Street**
 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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PHILLIPS, EARNEST**
 STREET ADDRESS **3151 NW 92ND ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

4-30-2001

CR2E037 (10/00)