

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90157 017 \*\*\*\*61.25

002427

**DOCUMENT # 712961**

1. Entity Name

**MT. CARMEL MISSIONARY BAPTIST CHURCH, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0233063**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KINCHEN, JAMES C JR.</b>	
STREET ADDRESS	<b>1010 N.W. 87TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, ELLA D</b>	
STREET ADDRESS	<b>3825 NW 197 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, WILLIE</b>	
STREET ADDRESS	<b>3825 NW 197TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, JIMMY T</b>	
STREET ADDRESS	<b>1291 N.W. LITTLE RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, EARNEST</b>	
STREET ADDRESS	<b>3151 NW 92ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, CLARENCE SR</b>	
STREET ADDRESS	<b>1540 NW 55TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THEODIST GRIMES</b>	
STREET ADDRESS	<b>431 NW 59TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THEODIS WORTHY</b>	
STREET ADDRESS	<b>17700 NW 14TH CT</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIE LANIER-CUMMINGS</b>	
STREET ADDRESS	<b>3051 NW 69TH TERR.</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA ##!\$&amp;</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

3-3-2002 305-691-1457  
 Date Daytime Phone #

CR2E037 (9/01)