

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90063 010 ****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		
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	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KINCHEN, JAMES C JR. 1010 N.W. 87TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOVE, JOHNNY 2108 N.W. 83RD TERRACE MIAMI, FLORIDA 33147	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MURRAY, ELLA D 3825 NW 197 ST MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WORTHEY, THEODIS 17700 N.W. 14TH COURT MIAMI, FLORIDA 33169	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, WILLIE 3825 NW 197TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER-CUMMINGS, MAE 3051 NW 69TH TERRACE MIAMI, FLORIDA 33147	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, JIMMY T 1291 N.W. LITTLE RIVER DRIVE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, EARNEST 3151 NW 92ND ST MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, CLARENCE SR 1540 NW 55TH TERRACE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-20-04 <small>Date</small>		
			<small>Daytime Phone #</small>		