2006 NOT-FOR-PROFIT GORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90195 044 ****61.25

DOCUMENT # 712961 1. Entity Name MT. CARMEL MISSIONARY BAPTIST CHURCH, INC.						03-03-2000 3	90193 044	01.	23
Principal Place 1745 N.W. 79 MIAMI, FL 33	OTH STREET	Mailing Address 1745 N.W. 79TH STREET MIAMI, FL 33147-5639			40080431				
2. Principal Place of Business		3, Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192004	Chg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 65-0233	063	·		plied For Applicable
Zip	Country	Country Zip Co		гу	5. Certificate of Status Desired			75 Addi Required	tional
	6. Name and Address of Current F	legistered Agent			7. Name and A	ddress of New R	legistered Ager	nt	
		· · · · · · · · · · · · · · · · · · ·	1	Name					
LEVINE, JACK 16855 N.E. 2ND AVENUE SUITE 303				Street Address (P.O. Box Number is Not Acceptable)					
NORTH MIAMI BEACH, FL 33162									
٠,			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 Signatura, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent algorithmen reculated when reinstating) DATE									
		9. Election Campaign Financing Trust Fund Contribution.				lake check pa ida Departme			
10.	OFFICERS AND DIR	ECTORS	11.	·	ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIREC	TORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINCHEN, JAMES C JR. 1010 N.W. 87TH STREET MIAMI, FL	□ Delate	TITLE NAME STREET / CITY-ST	ADDDEOD	VE, JOHNNY 18 N. WLORI			Change	Addition
TITLE NAME STREET ADDRESS CITY*ST-ZP	MURRAY, ELLA D NA 3825 NW 197 ST ST		TITLE NAME STREET CITY-ST	T					
HTLE NAME STREET ADDRESS CITY-ST-ZIP	MURRAY, WILLIE HAM 3825 NW 197TH STREET STR		TITLE NAME STREET CITY-ST	,	Change 12 Addition NIER-CUMMINGS, MAE 51 NW 69TH TERRACE AMI, FLORIDA 33147				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JIMMY T 1291 N.W. LITTLE RIVER DRIVE MIAMI, FL	□ Defete	TETLE NAME STREET CITY-ST	ADDRESS T-75P			Ε	Спапце	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, EARNEST 3151 NW 92ND ST MIAMI, FL	Delete	BILE NAME STREET CITY-ST	AODRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CLARENCE SR 1540 NW 55TH TERRACE MIAMI, FL 33142	☐ Delete	CITY-\$					Change	☐ Addition
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 Statutas. 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 it made under oath; that I am an officer or director of the original control of the original state of the control of the original state of the									

of the corporation or the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.