


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 719349</b> 1. Entity Name <b>MT. CARMEL METHODIST CHURCH OF FLORAL CITY, INC.</b>	
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**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>8004 S. FL AVENUE                  FLORAL CITY, FL 34436</b>	Mailing Address <b>POST OFFICE BOX 286                  FLORAL CITY, FL 34436</b>
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08192008 No Chg-NP      CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  <b>LANGLEY, ALIDA V                  7950 S. CHORON TERRACE                  FLORAL CITY, FL 34436</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25                  Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	08/21/08-80005-004 61.25 <small>1100000958192</small>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P                      HOUSTON, BERTHA                      3438 OLEANDER LANE                      HERNANDO, FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T                      HILLS, SARA                      3775 E. JEROME STREET                      INVERNESS, FL 34453</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T                      WILLIAMS, DORA                      2984 W. WOODTHRUSH ST.                      LECANTO, FL 34461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Alida V Langley*      *8/19/20*      *352-726-1989*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #