

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 APR -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001452018  
-04/10/95--01042--013  
\*\*\*\*130.00 \*\*\*\*130.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752768 (2)  
1. Corporation Name  
MT. CARMEL MISSIONARY BAPTIST CHURCH OF CITY POINT, INC.

Principal Place of Business Mailing Address  
3670 W. RAILROAD AVE. COCOA FL 32926

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/03/1980 05/01/1994

4. FEI Number 59-3119443 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
THOMAS, JOHN P., JR  
603 SOUTH KENTUCKY AVENUE  
COCOA FL

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John P. Thomas Jr John P. Thomas Jr March 26, 1995  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, JOHN P., JR
STREET ADDRESS	603 SO KENTUCKY AVE
CITY - ST - ZIP	COCOA FL
TITLE	<del>D</del>
NAME	<del>HUGHES, OSCAR</del>
STREET ADDRESS	<del>704 IXORA AVENUE</del>
CITY - ST - ZIP	<del>COCOA FL</del>
TITLE	D
NAME	HAMILTON, BETTY
STREET ADDRESS	3833 S. DENTON CIRCLE
CITY - ST - ZIP	COCOA FL <i>Betty Hamilton</i>
TITLE	T
NAME	STORY, CARL
STREET ADDRESS	1251 ALSUP DR
CITY - ST - ZIP	ROCKLEDGE FL <i>Carl Story</i>
TITLE	D
NAME	H. I. SAMUEL
STREET ADDRESS	1065 CYPRESS LN
CITY - ST - ZIP	COCOA FLA 32922
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	4-7-95 MST
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes; that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect; and 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; appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Thomas Jr John P. Thomas Jr 3/26/95 407-636-3  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Use this space)