

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752768 (2)**  
1. Corporation Name  
**MT. CARMEL MISSIONARY BAPTIST CHURCH OF CITY POINT, INC.**



Principal Place of Business <b>9670 W. RAILROAD AVE. COCOA FL 32926</b>	Mailing Address <b>3670 W. RAILROAD AVE. COCOA FL 32926</b>
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3. Date Incorporated or Qualified <b>06/03/1980</b>		
4. FEI Number <b>59-3119443</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**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
85 Zip Code <b>FL 32922</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JOHN P., JR</b>	
STREET ADDRESS	<b>603 SO KENTUCKY AVE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILL, SAMUEL</b>	
STREET ADDRESS	<b>1045 CYPRESS LN.</b>	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, BETTY</b>	
STREET ADDRESS	<b>3833 S. DENTON CIRCLE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STORY, CARL</b>	
STREET ADDRESS	<b>1251 ALSUP DR</b>	
CITY-ST-ZIP	<b>ROCKELEDGE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Roni McNeil</b>
2.3 STREET ADDRESS	<b>633 S. Varr Ave</b>
2.4 CITY-ST-ZIP	<b>Cocoa, Fl. 32922</b>
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	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Sylvester Grant</b>
4.3 STREET ADDRESS	<b>7161 Hartman</b>
4.4 CITY-ST-ZIP	<b>Cocoa, Fl. 32927</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John P. Thomas Jr* DATE: **April 26, 1998** TELEPHONE: **407-631-3600**

CFR2037 (10/97)