

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90022 017 \*\*\*\*75.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 752768

1. Corporation Name

**MT. CARMEL MISSIONARY BAPTIST CHURCH OF CITY POINT, INC.**

Principal Place of Business

3670 W. RAILROAD AVE.,  
 COCOA FL 32926

Mailing Address

3670 W. RAILROAD AVE.,  
 COCOA FL 32926



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/03/1980

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

9. Name and Address of Current Registered Agent

THOMAS, JOHN P., JR  
 603 SOUTH KENTUCKY AVENUE  
 COCOA FL 32922

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE  
 NAME THOMAS, JOHN P., JR  
 STREET ADDRESS 603 SO KENTUCKY AVE  
 CITY-ST-ZIP COCOA FL

TITLE D  DELETE  
 NAME MCNEIL, RONI  
 STREET ADDRESS 633 S VARR AVE  
 CITY-ST-ZIP COCOA FL 32922

TITLE D  DELETE  
 NAME HAMILTON, BETTY  
 STREET ADDRESS 3833 S. DENTON CIRCLE  
 CITY-ST-ZIP COCOA FL

TITLE T  DELETE  
 NAME SULVESTER GRAN  
 STREET ADDRESS 7101 HATNER  
 CITY-ST-ZIP COCOA FL 33272

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP *Cocoa, Fl. 32922*

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP *Cocoa, Fl. 32926*

4.1 TITLE  Change  Addition  
 4.2 NAME *Sylvester Grant*  
 4.3 STREET ADDRESS *7101 Hartman*  
 4.4 CITY-ST-ZIP *Cocoa, Fl. 32927*

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/11/99* *407-636-1010*  
 DATE DAYTIME PHONE #

CR2E037 (11/98)