

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752768**

1. Entity Name

MT. CARMEL MISSIONARY BAPTIST CHURCH OF CITY POI

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90067 027 ****70.00

Principal Place of Business 3670 W. RAILROAD AVE., COCOA FL 32926	Mailing Address 3670 W. RAILROAD AVE., COCOA FL 32926-5926
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3119443	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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.

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

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN P., JR	
STREET ADDRESS	603 SO KENTUCKY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEIL, RONI	
STREET ADDRESS	633 S VARR AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, SYLVESTER	
STREET ADDRESS	7101 HARTMAN	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	T	<input type="checkbox"/> Delete
NAME	SYLVESTER GRAN	
STREET ADDRESS	7101 HATNER	
CITY-ST-ZIP	COCOA FL 33272	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamilton, Betty	
STREET ADDRESS	3833 S. Denton Circle	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvester Grant	
STREET ADDRESS	7101 Hartman	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: SIGNATURE REQUIRED **3/5/00** **321-636-1010**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)