
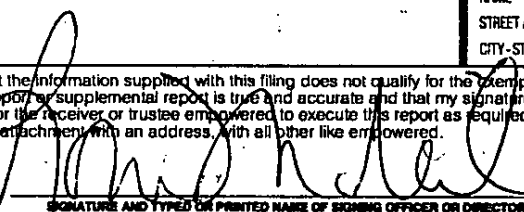


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90008 025 ****70.00

DOCUMENT # 752768					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3119443	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, JOHN P., JR 603 SOUTH 7 KENTUCKY AVENUE COCOA, FL 32922				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, JOHN P., JR		NAME		
STREET ADDRESS	603 SO KENTUCKY AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEIL, RONI		NAME	MCNEIL RONI	
STREET ADDRESS	633 S VARR AVE		STREET ADDRESS	237 LEMON ST.	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, BETTY		NAME		
STREET ADDRESS	3833 S DENTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYLVESTER, GRANT		NAME		
STREET ADDRESS	7101 HARTMAN		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: 1/10/05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Roni McNeil			



01102005 Chg-NP CR2E037 (10/03)

1-321-631-9292