FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 02, 2002 8:00 am Secretary of State DOCUMENT # N00000002098 09-02-2002 90144 036 ****61.25 MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JUPITE Principal Place of Business Mailing Address 6823 E. CHURCH ST. 6823 E. CHURCH ST. JUPITER FL JUPITER FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2724170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, REUBEN 4818 SEA OATS CIR., APT. 205-216 S Saratoga Blue W. PALM BCH FL 33417 Royal Palm Beach, FL 3341/ Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. The above named entity agomits 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 regist SIGNATURE (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be Make Check Payable to After September 13, 2002, Election Campaign Financing Trust Fund Contribution. min. will be \$236,25. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Addition ☐ Delete TITLE ☐ Change TITLE JACKSON, REUBEN NAME NAME 4818 SEA DATS CIR., APT. 205 216 SaratogA 8/14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE PITTMAN, CHARLES NAME NAME STREET ADDRESS 17276 67TH ST. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY=ST-ZIP~ TITLE Change ☐ Addition ☐ Delete TITLE MITCHELL, SAMUEL NAME NAME STREET ADDRESS 6868 AUSTRALIAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ 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 10

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNED WITH THE WALL WITHER

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

8/26/02

57.1-310-445

Change

☐ Addition