

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90062 033 ****61.25

DOCUMENT # N00000002098

1. Entity Name

MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JUPITER INC.



Principal Place of Business

**MOUNT CARMEL MISSIONARY
6823 CHURCH ST.
JUPITER FL 33458**

Mailing Address

**MOUNT CARMEL MISSIONARY
PO BOX # 1253
JUPITER FL 33468-1253**

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

59-2724170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JACKSON, REUBEN
216 W SARATOGA BLVD
ROYAL PALM BEACH FL 33411~~

Name **Calvin J. Newton**
Street Address (P.O. Box Number is Not Acceptable)

2300 Avenue M

City **Riviera Beach**

FL

Zip Code

33404

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

Calvin J. Newton

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

(NOTE: Registered Agent signature required when reinstating)

27 Feb 05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PD** ☐ Delete
NAME **JACKSON, REUBEN**
STREET ADDRESS **216 W SARATOGA BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PD** ☒ Change ☐ Addition
NAME **Calvin J. Newton**
STREET ADDRESS **2300 Avenue M**
CITY-ST-ZIP **Riviera Beach FL 33404**

TITLE **TD** ☐ Delete
NAME **PITTMAN, CHARLES**
STREET ADDRESS **17276 67TH ST.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MITCHELL, SAMUEL**
STREET ADDRESS **6868 AUSTRALIAN ST.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Calvin J. Newton* *Calvin J. Newton* **27 Feb 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #