2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0000002098

1. Entity Name

MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JUPITER INC.



FILED Mar 03, 2006 8:00 am Secretary of State

03-03-2006 90115 017 ****70.00

Principal Place of Business Mailing Address MOUNT CARMEL MISSIONARY 6823 CHURCH ST. MOUNT CARMEL MISSIONARY PO BOX # 1253 JUPITER FL 33468-1253 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2724170 Not Applicable Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWTON, CALVIN J Street Address (P.O. Box Number is Not Acceptable) 2300 AVENUE M RIVIERA BEACH FL 33404 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition TITLE ☐ Defete NEWTON, CALVIN J NAME NAME 2300 AVENUE M STREET ADDRESS STREET ADDRESS CITY - ST- ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP Delete TD Change ■ Addition TITLE TITLE PITTMAN, CHARLES NAME NAME STREET ADDRESS 17276 67TH ST. STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition MITCHELL, SAMUEL NAME NAME STREET ADDRESS STREET ADDRESS 6868 AUSTRALIAN ST. JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition SMAN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Calun J. Meiston

2-19-06