

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

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**



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**NEWTON, CALVIN J
2300 AVENUE M
RIVIERA BEACH, FL 33404**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEWTON, CALVIN J
STREET ADDRESS 2300 AVENUE M
CITY-ST-ZIP RIVIERA BEACH, FL 33404

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

TITLE SD
NAME HINSON, WILLIE F JR
STREET ADDRESS 7372 BENDROSS RD
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80043-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Calvin J. Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07

Date

Daytime Phone #