2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002098

1. Entity Name
MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JUPITER INC.

Principal Place of Business	Mailing Address
MOUNT CARMEL MISSIONARY 6823 CHURCH ST. JUPITER, FL 33458	MOUNT CARMEL MISSIONARY PO BOX # 1253 JUPITER, FL 33468-1253

04022008 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

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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 4/1/08
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, 2008

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/22/08-80062-013 61.25

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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 Calvin J. Newton 4/1/08 561 881-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #