

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 035 ****61.25

DOCUMENT # N00000002098

1. Entity Name

MOUNT CARMEL MISSIONARY BAPTIST CHURCH OF JUPITER INC.



Principal Place of Business

**MOUNT CARMEL MISSIONARY
216 W SARATOGA BLVD BAPTIST CHURCH INC
ROYAL PALM BEACH FL 33411**

Mailing Address

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

2. Principal Place of Business

Mt. CARMEL MISSIONARY

3. Mailing Address

Suite, Apt. #, etc.

6823 CHURCH ST

JUPITER FL

City & State

33458 PALM BEACH

Zip

Country

4. FEI Number **59-2724170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **SAMUEL MITCHELL** **AMMIE MITCHELL** **4/28/03 561-746-3208**

CR2E037 (10/02)