2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002644

FILED Apr 13, 2009 Secretary of State

Entity Name: GREATER MT. CARMEL DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 4209 N. 34TH ST. TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** P.O.BOX 11178 P.O.BOX 311717 TAMPA, FL 33680 TAMPA, FL 33680 FEI Number: 02-0531034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, WILLIAM P ESQ. 2802 E. MARTIN LUTHER KING JR. BLVD., SUIT ΕB TAMPA, FL 33610 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLER, EARTHA Name: Name: 4201 N. 29TH ST. Address: Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: Title: Title: (X) Change () Addition () Delete DARBY, MARY W Name: DARBY, MARY W Name: Address: 6414 N. 44TH ST. Address: 6414 N. 44TH ST. City-St-Zip: TAMPA, FL 336103930 City-St-Zip: TAMPA, FL 336103930 Title: () Delete Title: (X) Change () Addition MERRITT-BELL, DEMETRIA L MERRITT-BELL, DEMETRIA L Name: Name: 11412 19TH ST. NORTH 11412 19TH ST. NORTH Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33612 Title: () Delete Title: SD (X) Change () Addition Name: DIXON, GAYNELLE Name: DIXON, GAYNELLE 1204 CPRESS 1204 CYPRESS ST. Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 Title: () Delete Title: CD (X) Change () Addition WARD, IRVING WARD, IRVING Name: Name: 3201 E. ELM ELM ST. 3201 E. ELM ELM ST. Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: () Change (X) Addition DIXON, ALFRED SR Name: Name: Address: Address: 1108 DAVIS DR. TAMPA, FL 33619 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING WARD CD 04/13/2009