

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-07-2002 90176 006 ****61.25

DOCUMENT # N01000002455

1. Entity Name

MOUNT CARMEL BAPTIST CHURCH OF PERRY INC.

Principal Place of Business

Mailing Address

2975 PISGAH RD.
PERRY FL 32347

2975 PISGAH RD.
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **03-04 00173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MCDONALD, DWIGHT
2638 MCDANIEL RD.
PERRY FL 32347

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIDSON, BASIL**
CITY-ST-ZIP **1521 TW WILSON RD.**
PERRY FL 32347

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HUBBART, RANDY**
CITY-ST-ZIP **284 CHARLES HENDRY RD.**
PERRY FL 32347

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOUCHTON, MAURICE**
CITY-ST-ZIP **RT. 5 BOX 550**
PERRY FL 32347

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

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

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

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:

Dwight McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 850 586 4977

CR2E037 (9/01)