


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002455 1. Entity Name MOUNT CARMEL BAPTIST CHURCH OF PERRY INC.	
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Principal Place of Business 2975 PISGAH RD. PERRY, FL 32347	Mailing Address 2975 PISGAH RD. PERRY, FL 32347
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01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0408173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCDONALD, DWIGHT 2638 MCDANIEL RD. PERRY, FL 32347
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**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

Dwight McDonald

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, BASIL 1521 TW WILSON RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBART, RANDY 284 CHARLES HENDRY RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUCHTON, MAURICE RT. 5 BOX 550 PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, DWIGHT 2638 MCDANIEL RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/04-30006-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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

DATE. 1-11-04

Phone # 1-850-584-497