

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000002455	
1. Entity Name MOUNT CARMEL BAPTIST CHURCH OF PERRY INC.	
Principal Place of Business 2975 PISGAH RD. PERRY, FL 32347	Mailing Address 2975 PISGAH RD. PERRY, FL 32347



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0408173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCDONALD, DWIGHT
2638 MCDANIEL RD.
PERRY, FL 32347**

**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 _____
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 **D**
NAME **HUBBART, RANDY**
STREET ADDRESS **3865 LONNIE WILSON RD**
CITY-ST-ZIP **PERRY, FL 32347**

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

TITLE **D**
NAME **MCDONALD, DWIGHT**
STREET ADDRESS **2638 MCDANIEL RD.**
CITY-ST-ZIP **PERRY, FL 32347**

TITLE
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02/11/08-80003-005 61.25

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IN THIS SPACE**

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

Date

Daytime Phone #