


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 22 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N04000007888					
1. Entity Name MOUNT CARMEL COMMUNITY RESOURCE CENTER, INC.					
Principal Place of Business 3624 WHITEHALL STREET PALATKA, FL 32177			Mailing Address 3624 WHITEHALL STREET PALATKA, FL 32177		
2. Principal Place of Business <b>400 EAST OAK STREET</b>		3. Mailing Address <b>SEE ITEM # 6</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PALATKA, FLORIDA</b>		City & State		4. FEI Number <b>73-1734383</b>	
Zip <b>32177</b>		Country <b>FLORIDA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04202005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  LONG, MOSES JR 3624 WHITEHALL STREET PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SMITH, NINA 110 SOUTHERN AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPELL, ANNIE 5019 CRILL AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>500055656065</b> <b>06/02/05--01031--004 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, KIMBERLY 421 WEST PINE STREET PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, DOROTHY 108 PALMETTO STREET PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JUANITA 3624 WHITEHALL STREET PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Juanita Long</u>			4/20/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		