


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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
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03062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1734383	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LONG, MOSES JR 3624 WHITEHALL STREET PALATKA, FL 32177

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PC SMITH, NINA 110 SOUTHERN AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPELL, ANNIE 5019 CRILL AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, KIMBERLY 421 WEST PINE STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, DOROTHY 108 PALMETTO STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JUANITA 3624 WHITEHALL STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/06-80056-008 70.00

**DO NOT WRITE
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: Juanita Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 386 325-3697
Date Daytime Phone #