


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007888 1. Entity Name MOUNT CARMEL COMMUNITY RESOURCE CENTER, INC.	
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Principal Place of Business 3624 WHITEHALL STREET PALATKA, FL 32177	Mailing Address 3624 WHITEHALL STREET PALATKA, FL 32177
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04022008 No Chg-NP CR2E037 (4/06)

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

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

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

(NOTE: Registered Agent signature required when renewing)

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**

000000883952
04/17/08-80024-012 61.25

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	

**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

4/3/08
Date

356 325-3697
Daytime Phone #