2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000007888

Entity Name: MOUNT CARMEL COMMUNITY RESOURCE CENTER, INC.

Current Principal Place of Business:

3624 WHITEHALL STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

3624 WHITEHALL STREET
PALATKA, FL 32177

New Mailing Address:

FEI Number: 73-1734383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, MOSES JR
3624 WHITEHALL STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: SMITH, NINA
Address: 110 SOUTHERN AVENUE
City-St-Zip: PALATKA, FL 32177

Title: V ( ) Delete
Name: SPELL, ANNIE
Address: 5019 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete
Name: WRIGHT, KIMBERLY
Address: 421 WEST PINE STREET
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete
Name: HOWELL, DOROTHY
Address: 108 PALMETTO STREET
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: LONG, JUANITA
Address: 3624 WHITEHALL STREET
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, NINA
Address: 110 SOUTHERN AVENUE
City-St-Zip: PALATKA, FL 32177 US

Title: V (X) Change ( ) Addition
Name: HIRES, PHYLIS
Address: 308 NORTH 8TH STREET
City-St-Zip: PALATKA, FL 32177 US

Title: S (X) Change ( ) Addition
Name: LONG, DOMINIQUE
Address: 3624 WHITEHALLSTREET
City-St-Zip: PALATKA, FL 32177 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA LONG D 04/15/2009

Electronic Signature of Signing Officer or Director — Date