

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010330

FILED
Apr 28, 2009
Secretary of State

Entity Name: FIRST MOUNT CARMEL AFRICAN METHODIST EPISCOPAL CHURCH OF TAMPA, INC.

Current Principal Place of Business:

4406 N 26TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 11327
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-2633565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY
101 EAST UNION STREET STE 300
JACKSONVILLE, FL 32202 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: CD () Delete
Name: BOGEN, KIRK R
Address: 4414 DOLPHIN DRIVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: PRICE, LENS HAWN
Address: 16836 STANZA COURT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: JONES, NOREEN
Address: 2621 E GENESSEE STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: GODWIN, ELAINE
Address: 2603 E 23RD AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: ORTIZ, MAEBELLE
Address: 9211 BALFERN COURT
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: FAYSON III, FRANKIE S PASTOR
Address: 12638 LAKE VISTA DRIVE
City-St-Zip: GIBSONTOWN, FL 33534

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

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

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

Title: DS (X) Change () Addition
Name: ORTIZ, MAEBELLE
Address: 9211 BALFERN COURT
City-St-Zip: TAMPA, FL 33615

Title: DT () Change (X) Addition
Name: HARVEY, MAURICE R DR.
Address: 3913 WEST PALMETTO STREET
City-St-Zip: TAMPA, FL 33607

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: FRANKIE S. FAYSON III

CDP

04/28/2009

Electronic Signature of Signing Officer or Director

Date