

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010330

**FILED**  
**Mar 18, 2012**  
**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:**

P. O. BOX 11327  
TAMPA, FL 33680

**New Mailing Address:**

**FEI Number:** 59-2633565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

YOUNG, MCKINLEY  
101 EAST UNION STREET STE 301  
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: CDP  
Name: WASHINGTON, DELORES S PASTOR  
Address: 1006 COCONUT DR.  
City-St-Zip: TAMPA, FL 33619

Title: DS  
Name: BAKER, ALTHEA Y  
Address: 2053 ARROWGRASS DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: D  
Name: ORTIZ, MAEBELLE  
Address: 9211 BALFERN CT  
City-St-Zip: TAMPA, FL 33615 US

Title: DS  
Name: JONES, NORENE  
Address: 2621 E GENESSE ST  
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: ALTHEA Y BAKER

DS

03/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date