2008 NOT-FOR-PROFIT CORPORATION

Apr 10, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # N22231 1. Entity Name MOUNT CARMEL BAPTIST CHURCH OF LAKE CITY, INC. Principal Place of Business Mailing Address 1205 SW MT CARMEL AVE 1205 SW MT CARMEL AVE LAKE CITY, FL 32024 US LAKE CITY, FL 32024 US 04012008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2344228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALTIWAGNER, LONNIE T DO NOT WRITE 1630 MT CARMEL AVE LAKE CITY, FL 32024 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) . 23<u>,719-000</u>8-002 61.25 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME SOUTHWELL, RONNIE STREET ADDRESS 243 SW SPAULDING CT CITY-ST-ZIP FT WHITE, FL 32038 TITLE NAME HALTIWANGER, JOSEPH STREET ADDRESS 1630 MT CARMEL AVE CITY-ST-ZIP LAKE CITY, FL 32024 TITLE NAME POPE, ALFRED STREET ADDRESS 331 SW DEPUTY J DAVIS LN DO NOT WRITE CITY-\$1-ZIP LAKE CITY, FL 32024 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED