

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23910 (5)**
1. Corporation Name
MT. CARMEL BAPTIST CHURCH OF CLEARWATER, INC.

Principal Place of Business Mailing Address
1014 PENNSYLVANIA AVE CLEARWATER FL 34615 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HARRIS, WILLIAM M
1014 PENNSYLVANIA AV
CLEARWATER FL 34615**

APPROVED AND FILED
95 APR 24 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1987** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2918293** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM M	1.2 NAME	
STREET ADDRESS	750 LAKE FOREST DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, WILLIE O	2.2 NAME	
STREET ADDRESS	1201 WEBB DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, JOHN C (JOHN G. DEAN)	3.2 NAME	
STREET ADDRESS	2204 RIVERSIDE DR N	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, MICHAEL	4.2 NAME	
STREET ADDRESS	3805 LAKE ST GEROGE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, ARTHONA	5.2 NAME	
STREET ADDRESS	1231 PALMETTO ST	5.3 STREET ADDRESS	ADDRESS
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	1895 MCCULEY ROAD CLEARWATER FL
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERMA	6.2 NAME	
STREET ADDRESS	1118 CALER AVE (1118 CASLER AVE)	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie O. Kelley 3/31/95 813 541-8885
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR (Date) (Telephone Number)