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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23910 (5)
 1. Corporation Name
MT. CARMEL BAPTIST CHURCH OF CLEARWATER, INC.



Principal Place of Business 1014 PENNSYLVANIA AVE CLEARWATER FL 34615 US	Mailing Address 1014 PENNSYLVANIA AVE CLEARWATER FL 34615-3139 US
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3. Date Incorporated or Qualified 12/16/1987	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2918293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KELLEY, WILLIE O
 1014 PENNSYLVANIA AVENUE
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Willie O. Kelley* (NOTE: Registered Agent signature required when reinstating) DATE: **2/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, WILLIE O	
STREET ADDRESS	1201 WEBB DRIVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLEY, WILLIE O	
STREET ADDRESS	1201 WEBB DR	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEAN, JOHN C	
STREET ADDRESS	2204 RIVERSIDE DR N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DUNMORE, ANN GAMBLE	
STREET ADDRESS	10 MARS AVENUE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRINSON, CHARLIE	
STREET ADDRESS	1388 S WASHINGTON	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ERMA	
STREET ADDRESS	1118 CALER AVE	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHERMAN, WILLIAM F.	
1.3 STREET ADDRESS	2754 KUMQUAT DR	
1.4 CITY - ST - ZIP	CLEARWATER, FL 34619	
2.1 TITLE	D/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MERTHE, WILLIE M.	
4.3 STREET ADDRESS	1735 GREENWOOD AV	
4.4 CITY - ST - ZIP	CLEARWATER, FL 34615	
5.1 TITLE	D/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARRIS, WILLIAM M.	
6.3 STREET ADDRESS	750 LAKE FOREST RD	
6.4 CITY - ST - ZIP	CLEARWATER, FL 34625	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **2/28/97** Daytime Phone # **(813) 541-8885**

CP2E037 (9/96)