

4-14-98 B 4675-C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 12/16/1987	Applied For
4. FEI Number 59-2918293	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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. City
84. City FL 85. Zip Code

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 _____ (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	SHERMAN, WILLIAM F.	1.2 NAME	
STREET ADDRESS	2754 KUMQUAT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DTR	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, JOHN C	3.2 NAME	
STREET ADDRESS	2204 RIVERSIDE DR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTHE, WILLI M.	4.2 NAME	
STREET ADDRESS	1735 GREENWOOD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	DTR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, CHARLIE	5.2 NAME	
STREET ADDRESS	1388 S WASHINGTON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM M.	6.2 NAME	
STREET ADDRESS	750 LAKE FOREST RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I 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** *Willie O. Kelley* 3/12/98

CP2E037 (10/97)