

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23910

1. Entity Name

MT. CARMEL BAPTIST CHURCH OF CLEARWATER, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90005 026 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1014 PENNSYLVANIA AVE CLEARWATER FL 34615 US	Mailing Address 1014 PENNSYLVANIA AVE CLEARWATER FL 33755-3139 US
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2. Principal Place of Business 1012 PENNSYLVANIA AVE	3. Mailing Address 1012 PENNSYLVANIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER FL	City & State CLEARWATER FL
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4. FEI Number 59-2918293	Applied For <input type="checkbox"/> Not Applicable
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Zip 33755	Country USA	Zip 33755	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KELLEY, WILLIE O
1014 PENNSYLVANIA AVENUE
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name **WAYNE MICKENS**
 Street Address (P.O. Box Number is Not Acceptable)
1012 PENNSYLVANIA AV.
 City **CLEARWATER FL** Zip Code **33755**

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.

SIGNATURE **WAYNE R. MICKENS DTR** *Wayne R. Mickens* **1/19/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, WILLIAM F.	
STREET ADDRESS	2754 KUMQUAT DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	KELLEY, WILLIE O	
STREET ADDRESS	1201 WEBB DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	MICKENS, WAYNE	
STREET ADDRESS	1412 HEAVEN SENT LANE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MERTHIE, WILLI M.	
STREET ADDRESS	1735 GREENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DTR	<input type="checkbox"/> Delete
NAME	BRINSON, CHARLIE	
STREET ADDRESS	1368 S WASHINGTON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIAM M.	
STREET ADDRESS	750 LAKE FOREST RD.	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: *Wayne R. Mickens* **WAYNE R. MICKENS** **1/19/00** **727 365-2477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #