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FILED
Apr 19, 2001 8:00 am
Secretary of State

03-19-2001 90023 025 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23910

1. Entity Name

MT. CARMEL BAPTIST CHURCH OF CLEARWATER, INC.

Principal Place of Business

1012 PENNSYLVANIA AVE
CLEARWATER FL 33755
US

Mailing Address

1012 PENNSYLVANIA AVE
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2918293

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICKENS, WAYNE
1012 PENNSYLVANIA AVENUE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name **DAVIS, SOLOMON**

Street Address (P.O. Box Number is Not Acceptable)

1 1012 Pennsylvania Ave
Clearwater, FL

FL

Zip Code

33755

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

Solomon Davis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

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	2734 KUMQUAT DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	OTR	<input type="checkbox"/> Delete
NAME	KELLEY, WILLIE O	
STREET ADDRESS	1201 WEBB DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DTR	<input checked="" 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	DTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, SOLOMON	
STREET ADDRESS	336 N. BAY HILLS BLVD.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34605	
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 118.07(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:

Solomon Davis
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

(727)496-6137

Daytime Phone #

CP2E037 (10/00)