

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90010 043 \*\*\*\*70.00

**DOCUMENT # N23910**

1. Entity Name

**MT. CARMEL BAPTIST CHURCH OF CLEARWATER, INC.**

Principal Place of Business

Mailing Address

1012 PENNSYLVANIA AVE  
 CLEARWATER, FL 33755  
 US

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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**DAVIS, SOLOMON**  
 1012 PENNSYLVANIA AVENUE  
 CLEARWATER FL 33755

Name **Kelley, Willie O**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1012 Pennsylvania Avenue**  
 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

*Willie O. Kelley DTR*

*1/14/02*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	DAVIS, SOLOMON	
STREET ADDRESS	338 N BAN HILLS BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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	1388 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	

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:

*William M. Harris*

*1/14/02*

*727-446-6137*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)