


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2005 08:00 AM
Secretary of State

| | | | |
|--|-------------------------------------|---|---|
| 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 | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARRIS, WILLIAM M 1012 PENNSYLVANIA AVENUE CLEARWATER FL 33755 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |
| 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. I am familiar with, and accept the obligations of registered agent | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHERMAN, WILLIAM F. | NAME | |
| STREET ADDRESS | 1249 ELDRIDGE ST. | STREET ADDRESS | U00000131223 |
| CITY-ST-ZIP | CLEARWATER FL 33755 | CITY-ST-ZIP | 01/24/05-80164-022 61.25 |
| TITLE | DTR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLEY, WILLIE O | NAME | |
| STREET ADDRESS | 1201 WEBB DR | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERTHIE, WILLI M. | NAME | |
| STREET ADDRESS | 1735 GREENWOOD AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | CITY-ST-ZIP | |
| TITLE | DTR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRINSON, CHARLIE | NAME | |
| STREET ADDRESS | 1368 S WASHINGTON | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | CITY-ST-ZIP | |
| TITLE | VDT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, WILLIAM M. | NAME | |
| STREET ADDRESS | 750 LAKE FOREST RD. | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2918293** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 William M. Harris 1/19/05 727-446-6137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #