


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (Form 990)

FILED
Jan 25, 2008 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 - No P.O. Box #		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 HARRIS, WILLIAM M 1012 PENNSYLVANIA AVENUE CLEARWATER FL 33755		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 <i>William M Harris</i>		DATE <i>1/23/08</i>	
SIGNATURE (Type or print name of registered agent and title)		DATE	
4. FEI Number 59-2918293		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/07)

<p>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>		<p>Make Check Payable to Florida Department of State</p>	
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		
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP	U00000797265	
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	01/29/08-80066-019 61.25	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* DATE: *1/23/08* 727-446-1137