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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40931 (0)
1. Corporation Name
MT. CARMEL COMMUNITY CHURCH OF JACKSON COUNTY, I NC.



Principal Place of Business Mailing Address
% ROBERT TANNER, JR.
3941 MISSOURI RD
MARIANNA FL 32446

3. Date Incorporated or Qualified 11/26/1990
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address
21 3394 GARDENVIEW ROAD 26 3941 MISSOURI RD.
22 City & State 27 City & State
23 MARIANNA FLORIDA 28 MARIANNA, FLORIDA
24 32446 25 JACKSON 29 32446 30 JACKSON

4. FEI Number 59-0344570
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
TANNER, ROBERT, JR.
RT. 2, BOX 20-A
COTTONDALE FL 32431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
2341 TOPAZ RD.
COTTONDALE, FL.
FL 32431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TANNER, ROBERT, JR.	
STREET ADDRESS	RT. 2, BOX 20-A	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANNER, LYNWOOD	
STREET ADDRESS	3941 MISSOURI RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEIGHTS, CHARLES	
STREET ADDRESS	SPEIGHTS LN	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAYBON, WILLIE F.	
STREET ADDRESS	RT. 2, BOX 40-A	
CITY-ST-ZIP	COTTONDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TANNER, ROBERT, JR.
1.3 STREET ADDRESS	2341 TOPAZ RD.
1.4 CITY-ST-ZIP	COTTONDALE, FL. 32431
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAYBON, WILLIE F.
4.3 STREET ADDRESS	3343 FIVE POINT RD.
4.4 CITY-ST-ZIP	COTTONDALE, FL. 32431
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynwood Tanner* - LYNWOOD TANNER 2-23-97 (904) 892-8842

CR2E037 (9/96)