FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED

May 13 1998 8:00am

Secretary of State

MT. CA	ARMEL COMMUNITY CHUR	ICH OF JACKSON COU	NTY, I		
Principal Place of Business Mailing Address				- I JORDINAK BIR ALBAN BENJA DEBA KIRAN KIRA BIRIN B	IBII ANDLI AISLI DISII AISII SOSI
3394 GARDENVIEW ROAD MARIANNA FL 32446 US		3941 MISSOURI ROAD Marianna fl 32446 US		3. Date Incorporated or Qualified 11/26/1990 4. FEI Number Applied For	
2. Principal Place of Business 2a. Ma		2a. Mailing Address		59-0344570	Not Applicable
21		26		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & Conta		Trust Fund Contribution	Added to Fees
23		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country Zip		Country	This corporation owes or has paid the current year intapplible	
24	26		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
****			81 Name		
TANNER, ROBERT, JR. 2341 TOPAZ ROAD			82 Street Addre	dress (P.O. Box Number is Not Acceptable)	
COTTONDALE FL 32431		83			
001101	IDACE IE SEIST				
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am Igmiliar with, and accept the obligations of, Section 617.0503, Florida States.			s, the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statutes	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	2 SEC. Tess	Registered Agent signature require	sol Conner 5	-1-98
12.		ID DIRECTORS	13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TANNER, ROBERT J		1.2 NAME		
STREET ADDRESS	2341 TOPAZ ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COTTONDALE FL		1.4 CITY-ST-ZIP		
TITLE	D TANKED LYKKMOOD	☐ DELET€	2.1 TITLE		Change Addition
NAME Street Address	TANNER, LYNWOOD 3941 MISSOURI RD		2.2 NAME		
CITY-ST-ZIP	MARIANNA FL		2.3 STREET ADDRESS 2. 4 City-St-Zip	·	
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPEIGHTS, CHARLES		3.2 NAME		
STREET ADDRESS	SPEIGHTS LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	MAYBON, WILLIE F		4.2 NAME		
STREET ADDRESS	3343 FIVE POINT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	COTTONDALE FL	☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	ertifu that the information cumplied w	ith this filing does not quelify for	the exemption stated in S	Section 119 07(3)(i) Florida Statutas, Liurthar c	artific that the Information

indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.0/(3)(t). 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 changes, or on an attachment with an address.

SIGNATURE: