

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40931

1. Entity Name

MT. CARMEL COMMUNITY CHURCH OF JACKSON COUNTY, I

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90255 031 ****61.25

Principal Place of Business 3394 GARDENVIEW ROAD MARIANNA FL 32446 US	Mailing Address 3941 MISSOURI ROAD MARIANNA FL 32446-6530 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 6401
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MARIANNA FL
Zip	Country
32447-6401	US

4. FEI Number 59-0344570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANNER, ROBERT, JR.
 2341 TOPAZ ROAD
 COTTONDALE FL 32431

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TANNER, ROBERT J	
STREET ADDRESS	2341 TOPAZ ROAD	
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 type="checkbox"/> Delete
NAME	MAYBON, WILLIE F	
STREET ADDRESS	3343 FIVE POINT ROAD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 6401	
CITY-ST-ZIP	MARIANNA, FL 32447	
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: [Signature] Date: (2000) 4-10-00 Daytime Phone #: (950) 526-6823

CR2E037 (9/99)