

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90603 003 ****61.25

DOCUMENT # N40931

1. Entity Name

MT. CARMEL COMMUNITY CHURCH OF JACKSON COUNTY, I NC.

Principal Place of Business

Mailing Address

3394 GARDENVIEW ROAD
 MARIANNA FL 32446
 US

PO BOX 6401
 MARIANNA FL 32447-6401
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0344570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP TANNER, ROBERT J**
 STREET ADDRESS **2341 TOPAZ ROAD**
 CITY-ST-ZIP **COTTONDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TANNER, LYNWOOD**
 STREET ADDRESS **PO BOX 6401**
 CITY-ST-ZIP **MARIANNA FL 32447**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SPEIGHTS, CHARLES**
 STREET ADDRESS **SPEIGHTS LN**
 CITY-ST-ZIP **MARIANNA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MAYBON, WILLIE F**
 STREET ADDRESS **3343 FIVE POINT ROAD**
 CITY-ST-ZIP **COTTONDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Lynwood Tanner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-02** Daytime Phone # **(904) 526-6823**

CR2E037 (9/01)