2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

KOF James 42 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N40931 2008 FEB 29 PM 1:43 1. Entity Name MT. CARMEL COMMUNITY CHURCH OF JACKSON COUNTY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3394 GARDENVIEW ROAD 3343 FIVE POINTS ROAD COTTONDALE, FL 32431 MARIANNA, FL 32446 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 33 02 VALLE Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-0344570 Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNER, ROBERT, JR. 2341 TOPAZ ROAD Street Address (P.O. Box Number is Not Acceptable) COTTONDALE, FL 32431 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DP Delete TITLE ☐ Change Addition TANNER, ROBERT J NAME NAME 2341 TOPAZ ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTTONDALE, FL 32431 CITY-ST-ZIP MARIANHA TITLE ☐ Delete TITLE [] Change SIPLES, DONALD NAME NAME 500119545625 03/06/08--01012--011 ***\$1 STREET ADDRESS 2335 TOPAZ ROAD STREET ADDRESS **S1.25 COTTONDALE, FL 32431 CITY-ST-ZIP CITY-ST-7IP D Delete TITLE TITLE □ Change ☐ Addition SPEIGHTS, CHARLES NAME NAME STREET ADDRESS SPEIGHTS LN STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP 🌶 fille ח Delete TITLE [] Change ☐ Addition MAYBON, WILLIE F NAME NAME STREET ADDRESS 3343 FIVE POINT ROAD STREET ADDRESS COTTONDALE, FL. 32431 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.