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Feb 26 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 # N94000002050 (2)

1. Corporation Name

MOUNT CARMEL OF CITY POINT HUMAN SERVICES, INC.

Principal Place of Business

3670 W. RAILROAD AVE.  
COCOA FL 32926

Mailing Address

972 BEECHFERN LANE  
ROCKLEDGE FL 32955-4010



3. Date Incorporated or Qualified  
04/25/1994

3a. Date of Last Report  
09/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-3208022

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for in-eligible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERKINS, WALLACE R  
972 BEECHFERN LANE  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME PERKINS, WALLACE R  
STREET ADDRESS 972 BEECHFERN LANE  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ DELETE

TITLE DV  
NAME HUGHES, OSCAR  
STREET ADDRESS 704 IXORA AVE.  
CITY-ST-ZIP COCOA FL 32922 ☐ DELETE

TITLE DS  
NAME STORY, CARL  
STREET ADDRESS 1251 ALSUP DR.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ DELETE

TITLE DS  
NAME MCNEIL, RONI M  
STREET ADDRESS 633 S. VARR AVE.  
CITY-ST-ZIP COCOA FL 32922 ☐ DELETE

TITLE DT  
NAME BROWN, WINIFRED O  
STREET ADDRESS 283 SANDY RUN  
CITY-ST-ZIP MELBOURNE FL 32931 ☐ DELETE

TITLE DP  
NAME THOMAS, JOHN P REV.  
STREET ADDRESS 603 KENTUCKY AVE.  
CITY-ST-ZIP COCOA FL 32922 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020235

CR2E037 (9/96)