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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002050 (2)**

1. Corporation Name

MOUNT CARMEL OF CITY POINT HUMAN SERVICES, INC.

Principal Place of Business

Mailing Address

**3670 W. RAILROAD AVE.
COCOA FL 32926**

**972 BEECHFERN LANE
ROCKLEDGE FL 32955**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1994

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	PERKINS, WALLACE R	
STREET ADDRESS	972 BEECHFERN LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUGHES, OSCAR	
STREET ADDRESS	704 IXORA AVE.	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	STORY, CARL	
STREET ADDRESS	1251 ALSUP DR.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCNEIL, RONI M	
STREET ADDRESS	633 S. VARR AVE.	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, WINIFRED O	
STREET ADDRESS	263 SANDY RUN	
CITY-ST-ZIP	MELBOURNE FL 32931	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOHN P REV.	
STREET ADDRESS	603 KENTUCKY AVE.	
CITY-ST-ZIP	COCOA FL 32922	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jackson, Valjean L.
5.3 STREET ADDRESS	365 St. Andrews Dr.
5.4 CITY-ST-ZIP	Merritt Island, Fl. 32953

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thomas, John P. Jr.
6.3 STREET ADDRESS	603 Kentucky Ave.
6.4 CITY-ST-ZIP	Cocoa, Fl. 32922

14. 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 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 Block 13.

SIGNATURE:

[Signature]

4/26/98 1-407-636-4157

CR2E037 (10/97)