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**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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 | Mailing Address |
|---|---|
| 3670 W. RAILROAD AVE.<br>COCOA FL 32926 | P.O. Box 1414<br>COCOA, FL 32923-1414 |

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 09/24/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DV | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addit |
| NAME | PERKINS, WALLACE R | | 1.2 NAME | | |
| STREET ADDRESS | 972 BEECHFERN LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 1.4 CITY-ST-ZIP | | |
| TITLE | DV | ☑ DELETE | 2.1 TITLE | DV | ☐ Change ☑ Addit |
| NAME | HUGHES, OSCAR | | 2.2 NAME | Willie Hamilton Sr. | |
| STREET ADDRESS | 704 IXORA AVE. | | 2.3 STREET ADDRESS | 3833 S. Denton Circle | |
| CITY-ST-ZIP | COCOA FL 32922 | | 2.4 CITY-ST-ZIP | Cocoa, Fl. 32926 | |
| TITLE | DS | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addit |
| NAME | STORY, CARL | | 3.2 NAME | | |
| STREET ADDRESS | 1251 ALSUP DR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 3.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addit |
| NAME | MCNEIL, RONI M | | 4.2 NAME | | |
| STREET ADDRESS | 633 S. VARR AVE. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA FL 32922 | | 4.4 CITY-ST-ZIP | | |
| TITLE | DT | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addit |
| NAME | BROWN, WINIFRED O | | 5.2 NAME | | |
| STREET ADDRESS | 283 SANDY RUN | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL 32931 | | 5.4 CITY-ST-ZIP | | |
| TITLE | DP | ☑ DELETE | 6.1 TITLE | | ☐ Change ☐ Addit |
| NAME | THOMAS, JOHN P REV. | | 6.2 NAME | | |
| STREET ADDRESS | 603 KENTUCKY AVE. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA FL 32922 | | 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; 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: Roni M McNeil 6/13/99 1-407-636-4157
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)