

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90012 029 \*\*\*\*70.00

**DOCUMENT # N94000002050**

1. Entity Name

**MOUNT CARMEL OF CITY POINT HUMAN SERVICES, INC.**

Principal Place of Business

Mailing Address

204 N FISKE BLVD # 3  
 COCOA FL 32922  
 US

204 N FISKE BLVD # 3  
 COCOA FL 32922  
 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

**59-3208022**

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

PERKINS, WALLACE R  
 972 BEECHFERN LANE  
 ROCKLEDGE FL 32955

Name

**Thomas, Dexter**

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

**603 S. Kentucky Ave**

City

**Cocoa**

**FL**

Zip Code

**32922**

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

Dexter Thomas  
 (NOTE: Registered Agent signature required when reinstating)

3/11/02  
 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 **DV** ☐ Delete  
 NAME **PERKINS, WALLACE R**  
 STREET ADDRESS **972 BEECHFERN LANE**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Holman, Janie**  
 STREET ADDRESS **714 Aurora Ave**  
 CITY-ST-ZIP **Cocoa, Fla 32922**

TITLE **DV** ☒ Delete  
 NAME **HAMILTON, WILLIE**  
 STREET ADDRESS **3833 S. DENTON CIRCLE**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **DF** ☐ Change ☒ Addition  
 NAME **Grant, Johnnie**  
 STREET ADDRESS **7101 Hartman St**  
 CITY-ST-ZIP **Pnt. St. John, Fla 32927**

TITLE **DS** ☒ Delete  
 NAME **STORY, CARL**  
 STREET ADDRESS **1251 ALSUP DR.**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☐ Delete  
 NAME **THOMAS, JOHN P JR.**  
 STREET ADDRESS **603 KENTUCKY**  
 CITY-ST-ZIP **COCOA LF 33511**

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)