
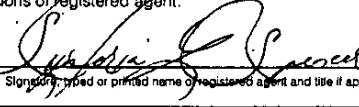




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 002 ****61.25

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DOCUMENT # N96000000616 1. Entity Name MOUNT CARMEL BAPTIST CHURCH, INC.					
Principal Place of Business 425 EAST ANDERSON STREET PENSACOLA, FL 32503			Mailing Address P.O. BOX 30323 PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIKELY, RHONDA A 425 EAST ANDERSON STREET PENSACOLA, FL 32503				Name Syntoria L. Spencer Street Address (P.O. Box Number is Not Acceptable) 425 EAST ANDERSON STREET City PENSACOLA FL Zip Code 32503	
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  (NOTE: Registered Agent signature required when reinstating)  DATE July 04					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, DEBORAH		NAME	EDMOND JONES, Jr.	
STREET ADDRESS	1620 WEST ST JOSEPH		STREET ADDRESS	1730 North "Y" STREET	
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP	PENSACOLA, Florida 32505	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPE, REGINA		NAME	DELORES MIMS	
STREET ADDRESS	221 BOONE ST		STREET ADDRESS	200 OPAL AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP	PENSACOLA, Florida 32505	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROSA		NAME	ROY IRBY	
STREET ADDRESS	704 WENONAH ST		STREET ADDRESS	6504 COLONADE Circle	
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP	PENSACOLA, Florida 32506	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YELDER, PARASINE		NAME		
STREET ADDRESS	1292 BASIN ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: 			Date 6/19/06 Daytime Phone # 474-0053		