

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000616

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MOUNT CARMEL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

425 EAST ANDERSON STREET  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30323  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3372159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, ROSA L  
425 E ANDERSON STREET  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOHNSON, MICHAEL D  
**Address:** 3406 1/2 NORTH TARRAGONA STREET  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** D  
**Name:** EPPS, REGINA  
**Address:** 221 BOONE ST  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** D  
**Name:** MIMS, DELORES  
**Address:** 200 OPAL AVE  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** D  
**Name:** JONES, LORENZO  
**Address:** 6400 FAIRVIEW DRIVE  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** D  
**Name:** MIMS, HARVEY  
**Address:** 200 OPAL AVE.  
**City-St-Zip:** PENSACOLA, FL 32505

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LORENZO JONES

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date