

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005885

1. Entity Name

GREATER MT. CARMEL BAPTIST CHURCH, INC.



Principal Place of Business

**122 DR MARTIN LUTHER KING JR AVE
INVERNESS FL 34450**

Mailing Address

**122 DR MARTIN LUTHER KING JR AVE
INVERNESS FL 34450**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
65-0775402

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOOLSBY, BARBARA
312 N SEMINOLE AVE
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **SMITH, ALWILLIE**
STREET ADDRESS **308 C LAKE STREET**
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ Delete
NAME **D
KEY, JAMES JR**
STREET ADDRESS **4095 E BECKST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Delete
NAME **TR
NELSON, EDITH B**
STREET ADDRESS **212 DR MARTIN LUTHER DR AVE**
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ Delete
NAME **P
JONES, LEROY E**
STREET ADDRESS **3710 SW 24 ST**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **U000000483123**
CITY-ST-ZIP **04/11/06-20104-012 70.00**

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

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