FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

1014 PENNSYLVANIA AVE CLEARWATER FL 34615



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000001760 (4) DOCUMENT #

MOUNT CARMEL COMMUNITY DEVELOPMENT CORPORATION

CLEPRUPTOR Mailing Address Principal Place of Business

1014 PENNSYLVANIA AVE CLEARWATER FL 34615

FILED May 27 1998 8:00am Secretary of State



Applied For Not Applicable

3. Date Incorporated or Qualified

03/26/1997

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2. Principal Pl	Place of Business 2a. Mailing Address 26			•	5. Certificate of Status Desired \$8.75 Additional Fee Regulred			
Suite, April					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1		
City & State	City & Plate 28				7. Is this nonprofit corporation a homeowners association?			
Zip Country Zip Co				ntry	8. This corporation owes or has paid the current year Intangible			
24 3 7 7 5 25 29 3 3 7 5 30 30 S. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent-				
	S. Name and Address of Cur	terit negisteren Agent		81 Name		\dashv		
MELLEY MALLE O								
KELLEY, WILLIE O 1201 WEBB DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 34615				83	നമാനാനന്നാൻ 1 മാന	\dashv		
CLEANWAIEN FL 54015					800002538 1 98 	╛		
•				64 City	***61.25 FL Zip Code	-		
11. Pursuant t	o the provisions of Sections 617 (0502 and 617 1508 Florida Statut	es the ab	overnamed o		\dashv		
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.								
-	n lamiliar with, and accept the ot	engations of, Section 617,0503, Fig	orida Stati	ites.		+		
SIGNATURE Signature, typicid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ ֆ		
TITLE	PROBI	☐ DELETE	1.1 T/F	LE	PRES/TRUMS LAnge L'Addition	~ [€		
NAME	, 120 01		1.2 NA	ME	MAURICE E. MICKENS	į		
STREET ADDRESS			1.3 ST	REET ADDRESS	5114 POSTELL DRIVE	Ì		
CITY-ST-ZIP			1.4 C(T	Y-ST-ZIP	ItOLIDAY FL. 34690			
TITLE		☐ DELETE	2.1 TI	LE	SEC Change Addition	ר ר		
NAME			2.2 N	ME	TAMES CHEARS			
STREET ADDRESS			2.3 S	REET ADDRESS	2906 FORREY PINUS COURT			
CITY-ST-ZIP			2.40	Y-ST-ZIP	2906 FORREY PINUS COURT CLEPANATER, ISC 34621			
TITLE		DÉLETE	3.1 TI	LE	Li change Li Addition	۸		
NAME			3.2 N	ME	William Fi SHERMAN #			
STREET ADDRESS			3.3 \$	eet address	1249 GCDRIDGU 8T			
CITY-ST-ZIP				Y-ST-ZIP	clegansten 12 34615	_		
TITLE		☐ DELETE	4.1 TI	E	Change Addition	n		
NAME			4, 2 h		WILLIAM M. HORRIS			
STREET ADDRESS				EET ADDRESS	750 UAKE FURUST Dave	ı		
CITY-ST-ZIP		DELETE	4.4 C	Y-ST-ZIP	Clephingren FC 34615	\exists		
TITLE		☐ pereie	5.1 70	AF .	CHARLIE BRINSON	"		
NAME			¥ //	1	1368 8. WAShing Tow ST.			
STREET ADDRESS				EET ADDRESS	CLEARNATON PL 34616			
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 Ti	r-ST-Z#P	Change Addition	\dashv		
NAME		C Mercit	6.2 Na	E I	John Dean	١L		
STREET ADDRESS				EET ADDRESS	$1 \circ 1 \circ$	١		
O/T// C7 7/0			640	eT 710	dleasunger El 34624			
14. I hereby o	ertify that the information supplie	d with this filing does not qualify for	or the exc	ption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv		
14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplimental annual report is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cerporation of the receiver or true ee empowered to execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if or angegrous an appear of the execute its report as required by Chapter 617, Florida Statutes.								
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