

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001760

1. Entity Name

**MOUNT CARMEL COMMUNITY DEVELOPMENT CORPORATION OF  
CLEARWATER INC.**

Principal Place of Business

**1014 PENNSYLVANIA AVE  
CLEARWATER FL 33755**

Mailing Address

**1014 PENNSYLVANIA AVE  
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KELLEY, WILLIE O  
1201 WEBB DRIVE  
CLEARWATER FL 34615**

4. FEI Number

**59-3452129**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PT</b>			
	<b>MICKENS, MAURICE E</b>	<b>5114 POSTELL DR</b>	<b>HOLIDAY FL 34690</b>	

	<b>S</b>			<input type="checkbox"/> Delete
	<b>PIERCE, JAMES</b>	<b>2906 TORREY PINES CT</b>	<b>CLEARWATER FL 34621</b>	

	<b>D</b>			<input type="checkbox"/> Delete
	<b>SHERMAN, WILLIAM F</b>	<b>1249 ELDRIDGE ST</b>	<b>CLEARWATER FL 34615</b>	

	<b>D</b>			<input type="checkbox"/> Delete
	<b>HARRIS, WILLIAM M</b>	<b>750 LAKE FOREST DR</b>	<b>CLEARWATER FL 34615</b>	

	<b>D</b>			<input type="checkbox"/> Delete
	<b>BRINSON, CHARLIE</b>	<b>1368 S WASHINGTON ST</b>	<b>CLEARWATER FL 34616</b>	

	<b>D</b>			<input checked="" type="checkbox"/> Delete
	<b>DEAN, JOHN</b>	<b>2185 LAWRENCE DR</b>	<b>CLEARWATER FL 34624</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>10714 ALICO PASS</b>	<b>NEW PORT RICHEY FL 34655</b>	

				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>REMOVE</b>		

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:

**MAURICE MICKENS**

2/27/01

Date

727-372-2803

Daytime Phone #

CR2E037 (10/00)