2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001760

FILED Apr 24, 2002 8:00 AM Secretary of State

Entity Name: MOUNT CARMEL COMMUNITY DEVELOPMENT CORPORATION OF CLEARWATER, INC.

Current Principal Place of Business: New Principal Place of Business: 1014 PENNSYLVANIA AVE CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** 1014 PENNSYLVANIA AVE CLEARWATER, FL 33755 FEI Number: 59-3452129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLEY, WILLIE O KELLEY, WILLIE O 1201 WÉBB DRIVE 1201 WÉBB DRIVE CLEARWATER, FL 34615 CLEARWATER, FL 33755 US US 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: 04/24/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MICKENS, MAURICE E Name: Name: 10714 ALICO PASS Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PIERCE, JAMES Name: PIERCE, JAMES Address: 2906 TORREY PINES CT Address: 2906 TORREY PINES CT City-St-Zip: CLEARWATER, FL 34621 City-St-Zip: CLEARWATER, FL 34621 Title: () Delete Title: () Change () Addition SHERMAN, WILLIAM F Name: Name: Address: 1249 ELDRIDGE ST Address: City-St-Zip: CLEARWATER, FL 34615 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARRIS, WILLIAM M Name: Address: 750 LAKE FOREST DR Address: City-St-Zip: CLEARWATER, FL 34615 City-St-Zip: Title: () Delete Title: () Change () Addition BRINSON, CHARLIE Name: Name: 1368 S WASHINGTON ST Address: Address: City-St-Zip: CLEARWATER, FL 34616 City-St-Zip: Title: () Delete Title: () Change (X) Addition MERTHIE. WILLIE M MS Name: Name: Address: Address: 1113 MARTIN LUTHER KING JR. BLVD CLEARWATER, FL 33755 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAURICE E. MICKENS PT 04/24/2002