

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

DOCUMENT# N97000001760

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

**Current Principal Place of Business:**

1014 PENNSYLVANIA AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1751 KINGS HIGHWAY  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 59-3452129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHUETT, CLAY  
2451 MCMULLEN BOOTH RD  
SUITE 207  
CLEARWATER, FL 33759 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      ( ) Delete  
Name: MICKENS, MAURICE E MR.  
Address: 10714 ALICO PASS  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: C      ( ) Delete  
Name: WILLIAMS, NAOMI DR,  
Address: 1300 RIDGE AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: S      ( ) Delete  
Name: MATHEWS, VALERIE MS.  
Address: 1108 S. MISSOURI AVE #102  
City-St-Zip: CLEARWATER, FL 33756

Title: T      ( ) Delete  
Name: CARWISE, PANCHITTA MS  
Address: 1255 PALMETTO STREET  
City-St-Zip: CLEARWATER, FL 33755 US

Title: D      (X) Delete  
Name: JOHNSON, LUTRELL MR.  
Address: 1118 CASLER AVE.  
City-St-Zip: CLEARWATER, FL 33755

Title: D      (X) Delete  
Name: JACKSON, DOLLIE MS  
Address: 1113 MARTIN LUTHER KING JR. BLVD  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MICKENS, MAURICE E MR.  
Address: 8411 BASUTO DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MICKENS

CEO

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date