

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 8411 BASUTO DRIVE
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: KAILIMAI, JACQUELINE MS.
Address: 2284 PHILLIPINE DRIVE #41
City-St-Zip: CLEARWATER, FL 33763

Title: T () Delete
Name: HAYWARD, SAMUEL MR
Address: 2779 ROBINWOOD DR
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: RIVERO, MANUEL MR
Address: 9208 ESTATE CIOVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: DAVIS, SOLOMON MR
Address: 336 N BAYHILLS BLVD
City-St-Zip: CLEARWATER, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 E. MICKENS

CEO

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date