

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 04, 2009  
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:**

1012 PENNSYLVANIA AVE  
CLEARWATER, FL 33755

**Current Mailing Address:**

1751 KINGS HIGHWAY  
CLEARWATER, FL 33755

**New Mailing Address:**

908 PALM BLUFF STREET  
CLEARWATER, FL 33755

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

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date