

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

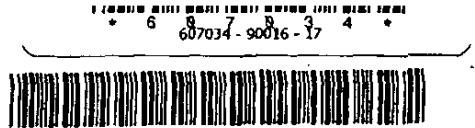
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|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N98000005930**

1. Corporation Name  
**THE MT. CARMEL COMMUNITY DEVELOPMENT CORPORATION OF OCALA**

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| Principal Place of Business<br>1725 NW 4TH ST.<br>OCALA FL 34475 | Mailing Address<br>1725 NW 4TH ST.<br>OCALA FL 34475 |
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|  |  |   |   |  |
|--|--|---|---|--|
| 21. Principal Place of Business<br>21 <b>1725 NW 4TH ST</b><br>Suite, Apt. #, etc. | 22. Mailing Address<br>22 <b>1725 NW 4TH ST</b><br><b>OCALA, FL 34475</b><br>Suite, Apt. #, etc. | 3. Date Incorporated or Qualified<br><b>10/16/1998</b>  | 4. FEI Number<br><b>59-3112080</b><br><del>59-3112080</del>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 23. City & State<br>23 <b>OCALA, FL</b>  | 24. City & State<br>24 <b>OCALA, FL</b>  | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required | 6. Election Campaign Financing<br><input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 25. Zip<br>25 <b>34475</b>   | 26. Zip<br>26 <b>34475</b>   |   |   |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HOLMES, OMEGA</b><br>1725 NW 4TH ST.<br>OCALA FL 34475 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |
|--|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE <b>D</b>             | <b>CHAIRMAN</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Omega Holmes</b>                             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1504 N.W. 30TH COURT,</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OCALA, FL. 34475</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE <b>T</b>             | <input type="checkbox"/> DELETE                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Joseph Howard</b>                            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>P.O. Box 664,</b>                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Fairfield, FL. 32634</b>                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE <b>T</b>             | <input type="checkbox"/> DELETE                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Mary Brigham</b>                             | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2860 S.W. 7th Street</b>                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OCALA, FL. 34474</b>                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE <b>T</b>             | <input type="checkbox"/> DELETE                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Secretary</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>Eloise Pruitt</b>                            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>676 S.W. 10th Avenue</b>                     | 4.4 CITY-ST-ZIP                                       |   |
|                            | <b>OCALA, FL 34475</b>                          |   |   |
| TITLE <b>pep</b>           | <input type="checkbox"/> DELETE                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Jerald Blue</b>                              | 5.2 NAME  |   |
| STREET ADDRESS             | <b>13731 S.E. 25th Street</b>                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MORRISTON, FL. 32668</b>                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE <b>pep</b>           | <input type="checkbox"/> DELETE                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SECRETARY</b>                                | 6.2 NAME  |   |
| STREET ADDRESS             | <b>SECRETARY</b>                                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **^ [Signature]** **7/16/99** (352)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **528-9603**

CR2E037 (5/99)