FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705707 (8)

1. Corporation Name
MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2201 N.W. 22ND STREET FT. LAUDERDALE FL 33311	P. O. BOX 1379 FT. LAUDERDALE FL 33302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2345437 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATEN, JIMMIE
2201 N.W. 22ND STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	STATEN, ESTELL	1.2 NAME	
STREET ADDRESS	1611 NW 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FTLAUD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STATEN, DELORES J.	2.2 NAME	
STREET ADDRESS	1491 NW 20 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WOMACK, ALBERT	3.2 NAME	
STREET ADDRESS	1540 NW 33 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	NEELY, S S	4.2 NAME	
STREET ADDRESS	1407 NW 13TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	STATEN, JIMMIE	5.2 NAME	
STREET ADDRESS	1809 NW 25TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FTLAUD, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, EVELYN	6.2 NAME	
STREET ADDRESS	271 SW 28TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Jimmie Staten 4-5-95 (305) 733-2587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000636