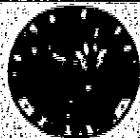


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrhen
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

2201 N.W. 22ND STREET
FT. LAUDERDALE FL 33311

Mailing Address

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

STATEN, JIMME
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME STATEN, ESTELL
STREET ADDRESS 1611 NW 2ND ST
CITY-ST-ZIP FT LAUD, FL 00000

TITLE D
NAME STATEN, DELORES J.
STREET ADDRESS 1491 NW 20 ST
CITY-ST-ZIP FT LAUD, FL 00000

TITLE TD
NAME WOMACK, ALBERT
STREET ADDRESS 1540 NW 33 TERR
CITY-ST-ZIP FT LAUD, FL 00000

TITLE VD
NAME NEELY, S S
STREET ADDRESS 1407 NW 13TH CT
CITY-ST-ZIP FT LAUD, FL 00000

TITLE PD
NAME STATEN, JIMME
STREET ADDRESS 1809 NW 25TH AVE
CITY-ST-ZIP FT LAUD, FL 00000

TITLE D
NAME MOBLEY, EVELYN
STREET ADDRESS 271 SW 28TH TERR
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimme Staten

Date

Daytime Phone #

4-5-95 (305) 732589