SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90015 002 ***210.00

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DOCUMENT # 705707

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

* 596336 - 90015 - 4 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1963	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2345437	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATEN, JIMMIE 2201 N.W. 22ND STREET FORT LAUDERDALE FL 33311	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 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STATEN, ESTELL		1.2 NAME		
STREET ADDRESS	1481 NW 20 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FTLAUD, FL 00000 33311		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STATEN, DELORES J.		2.2 NAME		
STREET ADDRESS	500 NW 43 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOBLEY, T		3.2 NAME		
STREET ADDRESS	901 NW 2 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD, FL 00000 33311		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STATEN, JIMMIE		5.2 NAME		
STREET ADDRESS	2201 NW 22 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FTLAUD, FL 00000 33311		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Rev. Jimmie Staten, Sr. 7-13-99 954 584 7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #