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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723581 1. Corporation Name

MT. CALVARY COMMUNITY FAITH CHURCH, INC.

Principal Place of Business 755 NW 2ND ST FLORIDA CITY FL

Mailing Address

535 NW 3RD STREET FLORIDA CITY FL 33034-3205

FILED Mar 04, 1999 8:00 am secretary of State

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US		, Comprising the same second						
¬ ˙ ¨ '	lace of Business	2a. Mailing Address	2nd S	<u> </u>	 Date Incorporated or Qualified 06/05/1972 	•		
Suite, Apt.	# etc	26 630 N.W. Suite, Apt. #, etc.	<u> </u>	,	4. FEI Number	Apr	plied For	
22	n, oto.	27		}	59-1732672	No	t Applicable	
City & Stat	e	City & State	·,		5. Certificate of Status Desired	\$8.75 A		
23		28 Flocida-Ci	t-4		5. Certificate di Status Desired	Fee Re	quired	
Zip	Country	Zip	Country	į	6. Election Campaign Financing	\$5.00	•	
24	25	29 <u>33034-3115</u> 30	<u>usa</u>		Trust Fund Contribution	Added t	o Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
			81 Name	' Une	E MEMMINGER			
MITCHELL	,				(P.O. Box Number is Not Acceptable)			
535 NW 3RD STREET			83	830	N.W. Zna SI	<u> </u>		
FLORIDA (CITY FL 33034		63		<u> </u>	<u> </u>		
			84 City	Flor	da Coly	FL 85 Zip C		
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 fair fair with, any accept the obligations of, Section 617.0503, Florida Statutes.								
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and agreet the obligati	f Florida. Such change was auth ons of, Section 617.0503, Florida	orized by the con Statutes.	porauon s	poard of directors. Friereny accept the	appointment as re-	gistered	
SIGNATURE	lac /4 mm					12-49_		
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent				required wh	en reinstating) ADDITIONS/CHANGES TO OFFICE	PATE FRS AND DIRECTO	RS IN 12	
12.		DIRECTORS	1.1 TITLE	P			Addition	
TITLE NAME	PD MITCHELL, WILLIE (PASTOR	the Openin	1.2 NAME		runon 7(- 1) 00 0 <u></u>		_	
-	535 NW 3RD STREET		1.3 STREET ADDRESS	. 83 ₍	2 N.W. 2nd SI		ا سیر	
STREET ADDRESS	FLORIDA CITY FL		1.4 CITY-ST-ZIP	" F1.	ORTHA CITY, FL 3	33034-31	15	
CITY- ST-ZIP TITLE	T	▼ DÉLÉTE	2.1 TITLE	_	_		☐ Addition	
NAME	DIXON, GENIE	,	2.2 NAME		AKTNE MITCHELL	•		
STREET ADDRESS	755 NW 12TH ST.		2.3 STREET ADDRESS	s	535 N.W. Brd ST	_	_ 1	
CITY-ST-ZIP	FLORIDA CITY FL		2. 4 CITY-ST-ZIP	`L ;	FLORIDA City, FL	. 33034-	0026	
TITLE	S	☑ DELETE	3.1 TITLE	₹m~		Change	Addition	
NAME	CONLEY, ELIZABETH A.	,.	3.2 NAME	ma	ice, TAMelya	2110	Ì	
STREET ADDRESS	65 SW-17TH-AVE.	~	3.3 STREET ADDRESS	s -30	220 SiW. 1584h	TVD		
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY-ST-ZIP	12	ISURE CITY FL.	3803	3.	
TITLE	D	☐ DELETE	4.1 TITLE	1	,	Change Change	Addition	
NAME	DIXON, EDDIE G.		4. 2 NAME		• •			
STREET ADDRESS	755 N.W. 12TH ST		4.3 STREET ADDRESS	s		•		
CITY-ST-ZIP	FLORIDA CITY FL		4.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE	Ì		☐ Change	Addition	
NAME	MITCHELL, LIZZIE M.		5.2 NAME				1	
STREET ADDRESS			5.3 STREET ADDRESS	5				
CITY-ST-ZIP	FLORIDA CITY FL		5.4 CITY-ST-ZIP	1.			. Addison	
TITLE		☐ DELETE	6.1 TITLE	AD	1 25 01 2 5	Change	Addition	
NAME			6.2 NAME	MEI	nminger, Claudi D. N.W. 2nd ST FLOURA CUTY F	4		
STREET ADDRESS			6.3 STREET ADDRESS	S Rea	D. N.W. 2nd ST.	1 22hall	3110	
CITY-ST-ZIP	\		6.4 CITY-ST-ZIP		TIMEDA CITY >	<u>1 33034</u>	-010	

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.