

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90019 023 \*\*\*\*61.25

DOCUMENT # N99000002917

1. Entity Name

MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA

*R*

Principal Place of Business

Mailing Address

5000 SW COLLEGE RD.  
 OCALA FL 34474

5000 SW COLLEGE RD.  
 OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Mt. Calvary Baptist Church*

*P.O. Box*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Ocala*

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, BENNIE  
 5000 SW COLLEGE RD.  
 OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, ROBERT PASTOR	
STREET ADDRESS	5313 SE 102ND PLACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	CT	<input type="checkbox"/> Delete
NAME	LEAHMON, RICHARD	
STREET ADDRESS	5400 S.W. 50TH CT.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIOTT, DANIEL	
STREET ADDRESS	9757 S.W. 94TH CT.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAY, LAGUSTA	
STREET ADDRESS	1790 S.W. 80TH AVE.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, PAULA	
STREET ADDRESS	1714 S.W. 3RD. STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELSON, ROSA	
STREET ADDRESS	5000 SW COLLEGE RD.	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosa O'Neil Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/9/00* Date  
*854-3960*  
*622-4592* Daytime Phone

CR2E037 (5/00)

Attachment Doc # N99000002917 / 107464



Non Profit Organization  
(Church)

ID. No.

52-20-024168-55c