

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90098 028 \*\*\*\*61.25

0078805

**DOCUMENT # N99000002917**

1. Entity Name

**MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA,**

Principal Place of Business

Mailing Address

5000 SW COLLEGE RD.  
 Ocala FL 34474

5000 SW COLLEGE RD.  
 Ocala FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COOK, BENNIE**  
 5000 SW COLLEGE RD.  
 Ocala FL 34474

7. Name and Address of New Registered Agent

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**

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

TITLE **P**  Delete  
 NAME **HAMILTON, ROBERT PASTOR**  
 STREET ADDRESS **5313 SE 102ND PLACE**  
 CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **CT**  Delete  
 NAME **LEAHMON, RICHARD**  
 STREET ADDRESS **5400 S.W. 50TH CT.**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **T**  Delete  
 NAME **ELLIOTT, DANIEL**  
 STREET ADDRESS **9757 S.W. 94TH CT.**  
 CITY-ST-ZIP **OCALA FL 34481**

TITLE **T**  Delete  
 NAME **GRAY, LAGUSTA**  
 STREET ADDRESS **1790 S.W. 80TH AVE.**  
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **S**  Delete  
 NAME **WILLIAMS, PAULA**  
 STREET ADDRESS **1714 S.W. 3RD. STREET**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **T**  Delete  
 NAME **NELSON, ROSA**  
 STREET ADDRESS **5000 SW COLLEGE RD.**  
 CITY-ST-ZIP **OCALA FL 34474**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2001

352-854-3960

CR2E037 (10/00)