

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90027 043 \*\*\*\*61.25

**DOCUMENT # N99000002917**

1. Entity Name

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

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

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. 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**

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

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

Date: **4/30/02**  
 Daytime Phone #: **(352) 622-4592**

CR2E037 (9/01)