


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State


DOCUMENT # N99000002917
 1. Entity Name
MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA, INC.



Principal Place of Business Mailing Address
5000 SW COLLEGE RD. 5000 SW COLLEGE RD.
OCALA FL 34474 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



MOORE CR2E037 (11/03)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	CT LEAHMON, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	5400 S.W. 50TH CT.	
CITY - ST - ZIP	OCALA FL 34474	
TITLE NAME	T GRAY, LAGUSTA	<input type="checkbox"/> Delete
STREET ADDRESS	1790 S.W. 80TH AVE.	
CITY - ST - ZIP	OCALA FL 34482	
TITLE NAME	S WILLIAMS, PAULA	<input type="checkbox"/> Delete
STREET ADDRESS	1714 S.W. 3RD. STREET	
CITY - ST - ZIP	OCALA FL 34474	
TITLE NAME	T NELSON, ROSA	<input type="checkbox"/> Delete
STREET ADDRESS	5000 SW COLLEGE RD.	
CITY - ST - ZIP	OCALA FL 34474	
TITLE NAME	D POTER, ERNISTINE	<input type="checkbox"/> Delete
STREET ADDRESS	1618 NE 21ST ST	
CITY - ST - ZIP	BELLEVUE FL 34420	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000067165	
CITY - ST - ZIP	02/26/04-80044-020 61.25	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Richard Leahmon 2/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #