


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002917 1. Entity Name MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA, INC.		
Principal Place of Business 5000 SW COLLEGE RD. OCALA FL 34474		Mailing Address 5000 SW COLLEGE RD. OCALA FL 34474
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CT <input type="checkbox"/> Delete LEAHMON, RICHARD STREET ADDRESS: 5400 S.W. 50TH CT. CITY-ST-ZIP: OCALA FL 34474	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000025525 02/21/08-80014-003 61.25
NAME	GRAY, LAGUSTA <input type="checkbox"/> Delete STREET ADDRESS: 1790 S.W. 80TH AVE. CITY-ST-ZIP: OCALA FL 34482	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WILLIAMS, PAULA <input type="checkbox"/> Delete STREET ADDRESS: 1714 S.W. 3RD. STREET CITY-ST-ZIP: OCALA FL 34474	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NELSON, ROSA <input type="checkbox"/> Delete STREET ADDRESS: 5000 SW COLLEGE RD. CITY-ST-ZIP: OCALA FL 34474	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	COLE, WILBERT <input type="checkbox"/> Delete STREET ADDRESS: 5000 SW COLLEGE RD. CITY-ST-ZIP: OCALA FL 34474	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *2/03/08*