## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N99000002917

FILED Nov 03, 2009 Secretary of State

Entity Name: MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5000 SW COLLEGE RD. OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 5000 SW COLLEGE RD. OCALA, FL 34474 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOK, BENNIE LEAHMON, PAULA 5000 SW COLLEGE RD. 5000 SW COLLEGE RD OCALA, FL 34474 OCALA, FL 34474 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: PAULA LEAHMON 11/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEAHMON, RICHARD Name: Name: Address: 5400 S.W. 50TH CT. Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GRAY, LAGUSTA Name: Name: Address: 1790 S.W. 80TH AVE. Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, PAULA Name: Name: 1714 S.W. 3RD. STREET Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: NELSON, ROSA Name: 5000 SW COLLEGE RD. Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: Title: () Delete () Change () Addition COLE, WILBERT Name: Name: 5000 SW COLLEGE RD. Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA LEAHMON CLER 11/03/2009