

**2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 20, 2013  
Secretary of State**

DOCUMENT# N99000002917

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

**Current Principal Place of Business:**

5000 SW COLLEGE RD.  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SW COLLEGE RD.  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 35-3690190      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEAHMON, RICHARD  
5400 S.W. 50TH CT.  
OCALA, FL 34474    US

**Name and Address of New Registered Agent:**

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: RICHARD LEAHMON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CT  
Name: LEAHMON, RICHARD  
Address: 5400 S.W. 50TH CT.  
City-St-Zip: OCALA, FL 34474

Title: T  
Name: GRAY, LAGUSTA  
Address: 1790 S.W. 80TH AVE.  
City-St-Zip: OCALA, FL 34482

Title: S  
Name: WILLIAMS, PAULA  
Address: 1714 S.W. 3RD STREET  
City-St-Zip: OCALA, FL 34474

Title: TR  
Name: NELSON, ROSA  
Address: P.O. BOX 6087  
City-St-Zip: OCALA, FL 34478

Title: CD  
Name: COLE, WILBERT  
Address: 165 NE 43RD AVE.  
City-St-Zip: OCALA, FL 34472

I hereby 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 all other like empowered.

SIGNATURE: RICHARD LEAHMON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CT

10/20/2013

\_\_\_\_\_  
Date