

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49560

**Entity Name:** MT. CALVARY MISSIONARY BAPTIST CHURCH OF NEW SMYRNA BEACH, INC.**Current Principal Place of Business:**569 WASHINGTON STREET  
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**P.O. BOX 445  
NEW SMYRNA BEACH, FL 32170**FEI Number: 59-2418508****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HAMILTON, DOUGLAS A  
569 WASHINGTON STREET  
NEW SMYRNA BEACH, FL 32168 US*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: DOUGLAS A. HAMILTON****05/02/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | HAMILTON, DOUGLAS A  |
| Address         | 2837 ROXBURY ROAD    |
| City-State-Zip: | WINTER PARK FL 32789 |

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | WHITE, MILDRED B          |
| Address         | 540 SINNKA STREET         |
| City-State-Zip: | NEW SMYRNA BEACH FL 32168 |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | MARSHALL, JOSIE           |
| Address         | 524 JULIA STREET          |
| City-State-Zip: | NEW SMYRNA BEACH FL 32168 |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | BRAGGS, JOAN W            |
| Address         | 1153 FIELD STRET          |
| City-State-Zip: | NEW SMYRNA BEACH FL 32168 |

|                 |                           |
|-----------------|---------------------------|
| Title           | FINANCIAL SECRETARY       |
| Name            | HAMILTON, JESSICA L       |
| Address         | P.O. BOX 445              |
| City-State-Zip: | NEW SMYRNA BEACH FL 32170 |

*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: DOUGLAS A. HAMILTON****DIRECTOR****05/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date