

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002917

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

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC3672618345**

**Current Principal Place of Business:**

5000 SW COLLEGE RD.  
OCALA, FL 34474

**Current Mailing Address:**

5000 SW COLLEGE RD.  
OCALA, FL 34474

**FEI Number: 35-3690190**

**Certificate of Status Desired: No**

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

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

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title CD  
Name COLE, WILBERT  
Address 165 NE 43RD AVE.  
City-State-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**

**CHAIRMAN OF TRUSTEES 04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date