

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000002917

**FILED**  
**Nov 28, 2016**  
**Secretary of State**  
**CR7445721938**

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

**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  
2031 NW 4TH STREET  
APT 1  
OCALA, FL 34475 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: RICHARD LEAHMON**

**11/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CT  
Name LEAHMON, RICHARD  
Address 2031 NW 4TH STREET  
APT 1  
City-State-Zip: Ocala FL 34475

Title TRUSTEE  
Name MICHAEL, MONTGOMERY  
Address 4800 NW 48TH AVENUE  
City-State-Zip: Ocala FL 34482

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

Title TREASURER  
Name MOUNT, VALERIE  
Address 1012 NW 14TH STREET  
City-State-Zip: Ocala FL 34475

Title DEACON  
Name COLE, WILBERT  
Address 165 NE 43RD AVENUE  
City-State-Zip: Ocala FL 34472

Title TRUSTEE  
Name MOUNT, CHARLES  
Address 1012 NW 14TH STREET  
City-State-Zip: Ocala FL 34475

*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**

**CT**

**11/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date