

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705707

1. Entity Name

MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2201 N.W. 22ND STREET
FT. LAUDERDALE FL 33311

Mailing Address

PO BOX 120038
FORT LAUDERDALE FL 33312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2345437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATEN, JIMMIE
2201 N.W. 22ND STREET
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME STATEN, ESTELL
STREET ADDRESS 1481 NW 20 ST
CITY-ST-ZIP FT LAUD, FL 00000 33311 ☐ Delete

TITLE D
NAME STATEN, DELORES J.
STREET ADDRESS 500 NW 43 AVE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE TD
NAME MOBLEY, T
STREET ADDRESS 901 NW 2 AVE
CITY-ST-ZIP FT LAUD, FL 00000 33311 ☐ Delete

TITLE VD
NAME NEELY, S S
STREET ADDRESS 1407 NW 13TH CT
CITY-ST-ZIP FT LAUD, FL 00000 ☐ Delete

TITLE PD
NAME STATEN, JIMMIE
STREET ADDRESS 2201 NW 22 ST
CITY-ST-ZIP FT LAUD, FL 00000 33311 ☐ Delete

TITLE D
NAME MOBLEY, EVELYN
STREET ADDRESS 271 SW 28TH TERR
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Jimmie Staten, Jr. VPD ☐ Change ☒ Addition
NAME
STREET ADDRESS 500 N.W. 43 Avenue
CITY-ST-ZIP Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jimmie Staten, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02 9545847847

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90114 001 ***183.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)