

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705707**

1. Entity Name

**MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

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

**PO BOX 120038  
FORT LAUDERDALE FL 33312  
US**



2. Principal Place of Business - No P.O. Box #

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**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May-1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **STATEN, JESSICA L**  
CITY-ST-ZIP **500 N W 43 AVE  
PLANTATION FL 33317**

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

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

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

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STATEN, JIMMIE JR.**  
CITY-ST-ZIP **1491 NW 20 ST.  
FORT LAUDERDALE FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U000000709513**  
CITY-ST-ZIP **04/25/07-80006-008 61.25**

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

**4-11-07**

**954735/203**