

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 28 AM 8:56

DOCUMENT # 707984

(1)

1. Corporation Name

MT. CALVARY BAPTIST CHURCH HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

**800 NW 8TH AVE
POMPANO BEACH FL 33060**

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POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1964

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0070771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROLLE, ISAAH C.
134 NW 15 ST
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	HIGGS, DWIGHT
STREET ADDRESS	705 NE 3RD TER
CITY - ST - ZIP	POMPANO BCH FL
TITLE	VT
NAME	JACKSON, GARLAND
STREET ADDRESS	5179 NE 15 TERR
CITY - ST - ZIP	POMPANO BCH FL
TITLE	T
NAME	JEFFERSON, CARL
STREET ADDRESS	507 NW 8TH AVE
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	CT
NAME	ROLLE, ISAAH C.
STREET ADDRESS	134 NW 15 ST
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	ST
NAME	PARKER, ANN
STREET ADDRESS	300 NW 20 AVE
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	T
NAME	RHONE, BARBARA
STREET ADDRESS	1530 NW 3 TERR
CITY - ST - ZIP	POMPANO BEACH FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ISAAH C. Rolle **305 943-6797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

CR2E037 (3/95)