FILE NOW: FILING FEE IS $61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 707984 (1)

1. Corporation Name

MT. CALVARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
730 NW 8TH AVENUE POMPANO BEACH FL 33060	730 NW 8TH AVENUE POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 10/20/1964

4. FEI Number: 65-0070771 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, GARLAND
5179 NE 15TH TERRACE
POMPANO BEACH FL 33064

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] [signature] Chairman 1-11-98
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROLLE, I C		1.2 NAME		
STREET ADDRESS	134 NW 15TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, LAURA		2.2 NAME		
STREET ADDRESS	3820 NW 6TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33064		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, GARLAND		3.2 NAME		
STREET ADDRESS	5179 NE 15TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, MALCOLM		4.2 NAME		
STREET ADDRESS	247 NW 107TH WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, EUNICE C		5.2 NAME		
STREET ADDRESS	2181 NW 33RD AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRISHAM, FANNIE P		6.2 NAME		
STREET ADDRESS	407 NW 4TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] 1-11-98