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# FILED
# Aug 18, 1999 8:00 am
# Secretary of State
08-18-1999 90006 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707984

1. Corporation Name
MT. CALVARY BAPTIST CHURCH, INCORPORATED

607338 - 90006 - 21

| Principal Place of Business | Mailing Address |
|---|---|
| 730 NW 8TH AVENUE<br>POMPANO BEACH FL 33060 | 730 NW 8TH AVENUE<br>POMPANO BEACH FL 33060 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 10/20/1964 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0070771 ☐ Applied For ☑ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

**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: Harvey, Eunice
82 Street Address (P.O. Box Number Is Not Acceptable): 2181 NW 33rd Avenue
83 Lauderdale Lakes, FL
84 City: FL 85 Zip Code: 33311

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: Eunice L. Harvey
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 | P | ☑ Change ☐ Addition |
| NAME | ROLLE, I C | | 1.2 NAME | Campbell, Laura | |
| STREET ADDRESS | 134 NW 15TH STREET | | 1.3 STREET ADDRESS | 3820 NW 6th Ave | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | | 1.4 CITY-ST-ZIP | Pompano Beach, FL 33064 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | V | ☑ Change ☐ Addition |
| NAME | CAMPBELL, LAURA | | 2.2 NAME | Thurston, Perry Sr. | |
| STREET ADDRESS | 3820 NW 6TH AVENUE | | 2.3 STREET ADDRESS | 2510 NW 4th Street | |
| CITY-ST-ZIP | POMPANO BCH FL 33064 | | 2.4 CITY-ST-ZIP | Pompano Beach, FL 33064 | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | T | ☑ Change ☐ Addition |
| NAME | JACKSON, GARLAND | | 3.2 NAME | HARVEY, EUNICE | |
| STREET ADDRESS | 5179 NE 15TH TERRACE | | 3.3 STREET ADDRESS | 2181 NW 33rd Avenue | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | 3.4 CITY-ST-ZIP | Lauderdale Lakes, FL 33311 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | ROBERTS, MALCOLM | | 4.2 NAME | Jackson, Garland | |
| STREET ADDRESS | 247 NW 107TH WAY | | 4.3 STREET ADDRESS | 5179 NE 15th Terrace | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 4.4 CITY-ST-ZIP | Pompano Beach, FL 33064 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | S | ☑ Change ☐ Addition |
| NAME | HARVEY, EUNICE C | | 5.2 NAME | Higgs, Dwight | |
| STREET ADDRESS | 2181 NW 33RD AVENUE | | 5.3 STREET ADDRESS | 705 NE 3rd Terr. | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL 33311 | | 5.4 CITY-ST-ZIP | Pompano Beach, FL 33060 | |
| 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 (5/99)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED
OFFICER OR DIRECTOR — Date — Daytime Phone #