## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 28, 2005 8:00 am Secretary of State

Trick   Pompa   Place of Business   Power   Pompa   Power	1. Entity Nam	MENT # 707984 PARY BAPTIST CHURCH,	INCORPORATED			02-28-200	90227 00	1 ****6	51.25	
Sulley, Apt. #, etc.    Sulley, Apt. #, etc.	730 NW 8TH AVENUE PO BOX 726			3060						
City & State  Country  Cou	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005	Chg-NP	CR2E037	(10/03)		
S. Control Status Desirable   Foe Required   Foe Re	City & State		City & State			71		<u> </u>	·	
Name	Zip	Country	Zip .	Country			Fe-	e Require		
THURSTON, ALFRED 700 MW 18Th STREET POMPANO BEACH, FL 33060  8. The above flimed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordida. I am hamillar with, and accept the chiligations of registered agent.  8. The above flimed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordida. I am hamillar with, and accept the chiligations of registered agent.  8. The above flimed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordida. I am hamillar with, and accept the chiligations of registered agent.  8. The above flimed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the children in the State of Fordida. I am hamillar with, and accept the Children in the State of Fordida. I am hamillar with, and accept the Children in the State of Fordida. I am hamillar with, and accept the Children in the State of Fordida. I am hamillar with, and accept the Children in the State of Fordida. I am hamillar with, and accept the Children in		6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New	Registered Age	ent		
Street Address (P.O. Box Number is Not Acceptable)	THURSTO	N. ALEDED		Name	Bettye Walke:	r				
Section   Part	700 NW 18TH STREET			Street Ad						
Beach File above affined entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am Hamiliar with, and accept the obligations of registered agent.    Signature   December   Dec	TOWN AND BEACH, TE 33000				217 NW 15th	Street				
Bettye Walker, Treasurer  SignATURE  SignAdded to Fees  Make Added to Fees  Make Check payable to  Florida Department of State  Backeck payable to  Florida Department of State  Backecheck payable to  Florida Department of State  Backecheck paya			•	City Po	mpano Beach	pano Beach FL Zip Code 33060				
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    IIILE	the obligat	BEWE 2	belan	Bettye W	alker, Treasur			_		
THUE			· · · · · · · · · · · · · · · · · · ·		ne reduited when remotating)		DATE			
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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:

00095



50020250

DR-14

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

85-8012708465C-6 Certificate Number

12/21/2003 Effective Date

12/31/2008 Expiration Data

This certifies that

MOUNT CALVARY BAPTIST CHURCH 700 NW 8TH AVE POMPANO BEACH FL 33060-5832

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rent personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

**DR-14** R. 01/02

R. 01/02

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. 1. See Rule 12A-1.039, Florida Administrative Code (FAC).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's 2. customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be 3. reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others by your 4. organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.