

FILED  
Mar 16, 2007 8:00 am  
Secretary of State

03-16-2007 90038 007 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 707984

1. Entity Name  
MT. CALVARY BAPTIST CHURCH, INCORPORATED



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

Mailing Address  
PO BOX 726  
POMPANO BEACH, FL 33060

20007644



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

800 NW 8TH AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 726  
Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

City & State  
POMPANO BEACH, FL

Zip  
33060

Country

City & State  
POMPANO BEACH, FL

Zip  
33060

Country

4. FEI Number  
65-0070771

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, BETTYE  
217 NW 15TH STREET  
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

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

Filing 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 | NAME               | STREET ADDRESS     | CITY - ST - ZIP         | <input type="checkbox"/> Delete     |
|-------|--------------------|--------------------|-------------------------|-------------------------------------|
| P     | CAMPBELL, LAURA    | 3820 NW 6TH AVE    | POMPANO BEACH, FL 33064 | <input type="checkbox"/>            |
| V     | THURSTON, PERRY SR | 2510 NW 4TH ST     | POMPANO BEACH, FL 33064 | <input type="checkbox"/>            |
| T     | WALKER, BETTYE     | 217 NW 15TH STREET | POMPANO BEACH, FL 33060 | <input type="checkbox"/>            |
| D     | SEABROOK, LARRY    | 137 NW 16TH AVE    | POMPANO BEACH, FL 33069 | <input checked="" type="checkbox"/> |
| S     | HIGGS, DWIGHT      | 705 NE 3RD TERR    | POMPANO BEACH, FL 33060 | <input type="checkbox"/>            |
| D     | TYSON, ZADIA B     | 220 NW 15TH ST     | POMPANO BEACH, FL 33060 | <input type="checkbox"/>            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME             | STREET ADDRESS        | CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|-------|------------------|-----------------------|--------------------|--|
|       |                  |                       |                    | <input type="checkbox"/>   |
|       |                  |                       |                    | <input type="checkbox"/>   |
|       | ROBERTS, MALCOLM | 6582 NW 103RD TERRACE | PARKLAND, FL 33076 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                       |                    | <input type="checkbox"/>   |
|       |                  |                       |                    | <input type="checkbox"/>   |
|       |                  |                       |                    | <input type="checkbox"/>   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

954-943-2422

Daytime Phone #