


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 707984
 1. Entity Name
MT. CALVARY BAPTIST CHURCH, INCORPORATED



Principal Place of Business Mailing Address
800 NW 8TH AVENUE **PO BOX 726**
POMPANO BEACH, FL 33060 **POMPANO BEACH, FL 33060**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0070771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, BETTYE
217 NW 15TH STREET
POMPANO BEACH, FL 33060

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, LAURA 3820 NW 6TH AVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THURSTON, PERRY SR 2510 NW 4TH ST POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, MALCOLM 6582 NW 103RD TERRACE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGS, DWIGHT 705 NE 3RD TERR POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, ZADIA B 220 NW 15TH ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000780985
 01/15/08-80011-013 61.25

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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 empowered.

SIGNATURE: *Laura Campbell* **1-8-2008** **954-943-2422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #