

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90128 034 \*\*\*\*61.25

**33000441**



☐ CHECK HERE IF MAKING CHANGES

|                                                                                    |         |                                                                                   |         |
|------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 707984</b>                                                           |         |  |         |
| 1. Entity Name<br><b>MT. CALVARY BAPTIST CHURCH, INCORPORATED</b>                  |         |                                                                                   |         |
| Principal Place of Business<br><b>730 NW 8TH AVENUE<br/>POMPANO BEACH FL 33060</b> |         | Mailing Address<br><b>PO BOX 726<br/>POMPANO BEACH FL 33060</b>                   |         |
| 2. Principal Place of Business                                                     |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                       |         | City & State                                                                      |         |
| Zip                                                                                | Country | Zip                                                                               | Country |

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

|                                                                                                                                  |  |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>THURSTON, ALFRED<br/>700 NW 18TH STREET<br/>POMPANO BEACH FL 33060</b> |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                 |                                                                                                                        |                                                              |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CAMPBELL, LAURA<br/>3820 NW 6TH AVE<br/>POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>THURSTON, PERRY SR<br/>2510 NW 4TH ST<br/>POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>THURSTON, ALFRED<br/>700 NW 18TH STREET<br/>POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DAVIS, DAVID<br/>2820 SOMERSET DR BLDG O APT 302<br/>LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>HIGGS, DWIGHT<br/>705 NE 3RD TERR<br/>POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GRISHAM, FANNIE P<br/>407 NW 4TH AVENUE<br/>POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                |                                                                                                                             | <b>D<br/>Tyson, Zadia B<br/>220 NW 15th Street<br/>Pompano Beach, FL 33060</b> |                                                                              |

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: *[Signature]* **1-28-03**

CR2E037 (10/02)