

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710723** (8)

1. Corporation Name

MOUNT CALVARY BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

**1140 DR. MARTIN LUTHER KING, JR. BLVD.
MIAMI FL 33150**

**1140 DR. MARTIN LUTHER KING, JR. BLVD.
MIAMI FL 33150**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PITTS, CLINTON J ESQ. 4770 BISCAYNE BLVD. SUITE 1130 MIAMI FL 33137		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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

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	T	1.1 TITLE	
NAME	PITTS, CLINTON J	1.2 NAME	
STREET ADDRESS	7005 CROWN GATE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	POOLE, MARGARET	2.2 NAME	
STREET ADDRESS	1510 N.W. 130 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	WASHINGTON, EMANUEL	3.2 NAME	
STREET ADDRESS	19015 N.W. 5TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Clinton J. Pitts CLINTON J. PITTS 5/11/98 (305) 576-1011

CR2E037 (1097)