

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/14

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90056 040 \*\*\*\*61.25

**DOCUMENT # 710723**

1. Entity Name

**MOUNT CALVARY BAPTIST CHURCH OF MIAMI, INC.**

Principal Place of Business

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

Mailing Address

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

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

**59-2667113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITTS, CLINTON J ESQ.  
4770 BISCAYNE BLVD.  
~~SUITE 1130~~  
MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

**SUITE 1200**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>PITTS, CLINTON J</b>      |                                            |
| STREET ADDRESS | <b>7005 CROWN GATE PLACE</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL 33014</b>  |                                            |
| TITLE          | <b>T</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>POOLE, MARGARET</b>       |                                            |
| STREET ADDRESS | <b>1510 N.W. 130 STREET</b>  |                                            |
| CITY-ST-ZIP    | <b>NORTH MIAMI FL 33167</b>  |                                            |
| TITLE          | <b>T</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WASHINGTON, EMANUEL</b>   |                                            |
| STREET ADDRESS | <b>18015 N.W. 5TH COURT</b>  |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33169</b>        |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

|                    |                                         |                                                                              |
|--------------------|-----------------------------------------|------------------------------------------------------------------------------|
| TITLE <b>T (P)</b> | <b>PRESIDENT</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME               | <b>REV. SAMUEL ATCHISON</b>             |                                                                              |
| STREET ADDRESS     | <b>3313 South Douglas Road</b>          |                                                                              |
| CITY-ST-ZIP        | <b>Miramar, FL 33025</b>                |                                                                              |
| TITLE <b>T (S)</b> | <b>SECRETARY</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME               | <b>JERALDINE WEST</b>                   |                                                                              |
| STREET ADDRESS     | <b>1727 N.W. 91<sup>st</sup> Street</b> |                                                                              |
| CITY-ST-ZIP        | <b>Miami, FL 33147</b>                  |                                                                              |
| TITLE <b>T (P)</b> | <b>TREASURER</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME               | <b>CLINTON J. PITTS</b>                 |                                                                              |
| STREET ADDRESS     | <b>7005 CROWN GATE PLACE</b>            |                                                                              |
| CITY-ST-ZIP        | <b>MIAMI LAKES, FL 33014</b>            |                                                                              |
| TITLE              |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME               |                                         |                                                                              |
| STREET ADDRESS     |                                         |                                                                              |
| CITY-ST-ZIP        |                                         |                                                                              |
| TITLE              |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME               |                                         |                                                                              |
| STREET ADDRESS     |                                         |                                                                              |
| CITY-ST-ZIP        |                                         |                                                                              |
| TITLE              |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME               |                                         |                                                                              |
| STREET ADDRESS     |                                         |                                                                              |
| CITY-ST-ZIP        |                                         |                                                                              |

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:

**CLINTON J. PITTS**

**CLINTON J. PITTS**

**2/12/01**

**(305) 576-1011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)