


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 030 ****70.00

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
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02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2667113	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ATCHISON, SAMUEL REV 1140 DR. MARTIN LUTHER KING JR BLVD MIAMI, FL 33150	
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP ATCHISON, SAMUEL REV 3313 SOUTH DOUGLAS ROAD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WEST, JERALDINE 1727 NW 91ST STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MAYWEATHER, ELLIES 545 S BISCAYNE RIVER DRIVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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