


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 710723 1. Entity Name MOUNT CALVARY BAPTIST CHURCH OF MIAMI, INC. |  |
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| 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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01102007 No Chg-NP CR2E037 (4/06)

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

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| 6. Name and Address of Current Registered Agent ATCHISON, SAMUEL REV 1140 DR. MARTIN LUTHER KING JR BLVD MIAMI, FL 33150 | DO NOT WRITE IN THIS SPACE |
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 | 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #