


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2667113	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ (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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 01/17/07-80095-004 70.00

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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 amendments.

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