2008 NOT-FOR-PROFIT CORPORATION

Mar 19, 2008 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT #710723	
1. Entity Name	146 600

03-19-2008 90025 001 ****61.25 MOUNT CALVARY BAPTIST CHURCH OF MIAMI, INC. 40042100 Principal Place of Business Mailing Address 1140 DR. MARTIN LUTHER KING, JR. BLVD. 1140 DR. MARTIN LUTHER KING, JR. BLVD. MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-2667113 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATCHISON, SAMUEL REV 1140 DR. MARTIN LUTHER KING JR BLVD MIAMI, FL 33150 MAILYS 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. Lam familiar with, and accept the obligations of registered agent. ared when reinstating) Filing Fee is \$61.25 9. Election Campaign F · Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE DITLE PΩ Delete Change ☐ Addition ATCHISON, SAMUEL REV NAME STRANGE, WILLIE L JR, REV 3313 SOUTH DOUGLAS ROAD STREET ADDRESS STREET ADDRESS 1140 DR. MARTIN LUTHER KING JR. BLVD CITY - ST - ZIP MIRAMAR, FL 33025 CITY-ST-ZIP MIAMI, FL 33150 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEST, JERALDINE NAME NAME STREET ADDRESS **1727 NW 91ST STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZIP TITLE Delete TITLE Change Addition MAYWEATHER, ELLIES NAME NAME STREET ADDRESS 545 S BISCAYNE RIVER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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