

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:45

DOCUMENT # 723581 (5)

1. Corporation Name

MT. CALVARY COMMUNITY FAITH CHURCH, INC.

Principal Place of Business

Mailing Address

535 NW 3RD STREET
FLORIDA CITY FL 33034-3205

535 NW 3RD STREET
FLORIDA CITY FL 33034-3205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1972

3a. Date of Last Report

01/27/1994

4. FEI Number

59-1732672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 755 NW 2nd St.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Florida City, FL

28 Florida City, FL

24 Zip

25 Country

29 Zip

30 Country

24 33034

25 Dade

29 33034

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, WILLIE
535 NW 3RD STREET
FLORIDA CITY FL 33034

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MITCHELL, WILLIE (PASTOR)

STREET ADDRESS

535 NW 3RD STREET

CITY - ST - ZIP

FLORIDA CITY FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

T

NAME

DIXON, GENIE

STREET ADDRESS

755 NW 12TH ST.

CITY - ST - ZIP

FLORIDA CITY FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

S

NAME

CONLEY, ELIZABETH A.

STREET ADDRESS

65 SW 17TH AVE.

CITY - ST - ZIP

HOMESTEAD FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

DIXON, EDDIE G.

STREET ADDRESS

755 N.W. 12TH ST

CITY - ST - ZIP

FLORIDA CITY FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

MITCHELL, LIZZIE M.

STREET ADDRESS

535 NW 3RD ST.

CITY - ST - ZIP

FLORIDA CITY FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 manager or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth Conley
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-30-95

(305) 246-3297