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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723581

1. Corporation Name
MT. CALVARY COMMUNITY FAITH CHURCH, INC.

Principal Place of Business	Mailing Address
755 NW 2ND ST FLORIDA CITY FL 33034 US	535 NW 3RD STREET FLORIDA CITY FL 33034-3205

2. Principal Place of Business 21	2a. Mailing Address 26 830 N.W. 2nd ST	3. Date Incorporated or Qualifed 06/05/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1732672 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Florida City, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33034-3115 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JOE MEMMINGER
82 Street Address (P.O. Box Number is Not Acceptable): 830 N.W. 2nd ST
83
84 City: Florida City FL 85 Zip Code: 33034-3115

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joe Memminger 2-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MITCHELL, WILLIE (PASTOR		1.2 NAME	Memminger, Joe (PASTOR)	
STREET ADDRESS	535 NW 3RD STREET		1.3 STREET ADDRESS	830 N.W. 2nd ST	
CITY-ST-ZIP	FLORIDA CITY FL		1.4 CITY-ST-ZIP	Florida City, FL 33034-3115	
TITLE	T	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	DIXON, GENIE		2.2 NAME	MAXINE MITCHELL	
STREET ADDRESS	755 NW 12TH ST.		2.3 STREET ADDRESS	535 N.W. 3rd ST	
CITY-ST-ZIP	FLORIDA CITY FL		2.4 CITY-ST-ZIP	Florida City, FL 33034-0026	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	CONLEY, ELIZABETH A.		3.2 NAME	Moore, Tamelya	
STREET ADDRESS	65 SW 17TH AVE.		3.3 STREET ADDRESS	30220 S.W. 158th AVE	
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	LEISURE CITY, FL. 33033	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, EDDIE G.		4. 2 NAME		
STREET ADDRESS	755 N.W. 12TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, LIZZIE M.		5.2 NAME		
STREET ADDRESS	535 NW 3RD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	Memminger, Claudia	
STREET ADDRESS			6.3 STREET ADDRESS	830 N.W. 2nd ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FLORIDA CITY FL 33034-3115	

CR2E037 (11/98)

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maxine Mitchell SIGNATURE REQUIRED MITCHELL 2-12-99 305 248-0276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #