


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 723581	
1. Entity Name MT. CALVARY COMMUNITY FAITH CHURCH, INC.	

Principal Place of Business 755 NW 2ND ST FLORIDA CITY, FL 33034 US	Mailing Address 830 NW 2ND ST FLORIDA CITY, FL 33034-3115 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1732672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEMMINGER, JOE 830 NW 2ND ST FLORIDA CITY, FL 33034-3115
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**DO NOT WRITE
IN THIS SPACE**

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	PD MEMMINGER, JOE PASTOR 830 NW 2ND ST FLORIDA CITY, FL 330343115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, MAXINE 535 NW 3RD ST FLORIDA CITY, FL 330340026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, TAMELYA 30220 SW 158TH AVE LEISURE CITY, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, EDDIE G. 755 N.W. 12TH ST FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, LIZZIE M. 535 NW 3RD ST. FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEMMINGER, CLAUDIA 830 NW 2ND ST FLORIDA CITY, FL 330343115

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04/26/07-80044-021 70.00

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IN THIS SPACE**

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: Joe Memminger **JOE MEMMINGER** 4/16/07 305 247-3668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #