

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723581

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** MT. CALVARY COMMUNITY FAITH CHURCH, INC.

**Current Principal Place of Business:**

755 NW 2ND ST  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 NW 2ND ST  
FLORIDA CITY, FL 330343115 US

**New Mailing Address:**

FEI Number: 59-1732672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MEMMINGER, JOE  
830 NW 2ND ST  
FLORIDA CITY, FL 330343115 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEMMINGER, JOE PASTOR  
Address: 830 NW 2ND ST  
City-St-Zip: FLORIDA CITY, FL 330343115

Title: T  
Name: MITCHELL, MAXINE  
Address: 535 NW 3RD ST  
City-St-Zip: FLORIDA CITY, FL 330340026

Title: S  
Name: MOORE, TAMELYA  
Address: 30220 SW 158TH AVE  
City-St-Zip: LEISURE CITY, FL 33033

Title: D  
Name: DIXON, EDDIE G.  
Address: 755 N.W. 12TH ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: D  
Name: MITCHELL, LIZZIE M.  
Address: 535 NW 3RD ST.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VDS  
Name: MEMMINGER, CLAUDIA  
Address: 830 NW 2ND ST  
City-St-Zip: FLORIDA CITY, FL 330343115

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOE MEMMINGER

PD

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date