

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90133 047 ****70.00

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

22002503



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1732672**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEMMINGER, JOE
830 NW 2ND ST
FLORIDA CITY FL 33034-3115

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEMMINGER, JOE PASTOR	
STREET ADDRESS	830 NW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034-3115	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, MAXINE	
STREET ADDRESS	535 NW 3RD ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034-0026	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, TAMELYA	
STREET ADDRESS	30220 SW 158TH AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, EDDIE G.	
STREET ADDRESS	755 N.W. 12TH ST	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, LIZZIE M.	
STREET ADDRESS	535 NW 3RD ST.	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEMMINGER, CLAUDIA	
STREET ADDRESS	830 NW 2ND ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034-3115	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 RD. 1-12-03 305-247-3668

CR2E037 (10/02)