2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State

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DOCUMENT #725768 1. Entity Name MOUNT CALVARY MISSIONARY BAPTIST CHRUCH OF ORLANDO, INC.						95-16-2008	90020 03	33 ****6	1.25	
4724 RALEIGH ST. 47		Mailing Address 4724 RALEIGH ST. ORLANDO, FL 32811-4								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				 	EIEU BIEK EIEU			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 C	hg-NP	CR2E037	(12/06)			
City & State		City & State			4. FEI Number 59-252533	10		_ <u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of St			8.75 Add	itional	
	C Non- and Address of Correct	Doubleton Anna			7 Name and Ada	4 Nov. D			,	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
GAINOUS 2020 W. G	ORE ST		Street	Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	D, FL 32805									
			City				FL	Zip Code	,	
	named entity submits this statement fo tions of registered agent.	or the purpose of changing its	registered office	or register	red agent, or both, in	the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	nature required	d when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008		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 DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	TD	☐ Delete	TITLE					☐ Change	Addition	
NAME	GAINOUS, DARRELL B		NAME	ŢD					_	
STREET ADDRESS	4406 GEORGETOWN DR.		STREET ADDRES		VOUS, DARRI	ELL B.			328	08
CITY-ST-ZIP 5	ORLANDO, FL 32808		CITY-ST-ZIP		FAIR OAK		ORI AND)_FIO	RIDA	•
TITLE	SD	Delete	TITLE		, realize of the	000111	OI CELL ELED	Change	Addition	
NAME	JENKINS, BETTY J		NAME							
STREET ADDRESS	732 W ANDERSON ST		STREET ADDRES	S						
CITY-ST-ZIP	ORLANDO, FL 0, 32805		CITY-ST-ZIP							
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition	
NAME	GAINOUS, T. E.		NAME	_					1	
STREET ADDRESS CITY-ST-ZIP	2020 W. GORE STREET ORLANDO, FL 32805		STREET ADDRES	s						
THTLE	ORLANDO, FL 32803									
N1445	ORLANDO, FL 32805	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ANDRESS	ORLANDO, FL 32805	☐ Delete	TITLE NAME	<u> </u>				☐ Change	☐ Addition	
STREET ADDRESS	ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRES	s				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32805		TITLE NAME STREET ADDRES CITY-ST-ZIP	s						
STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO, FE 32805	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	s				☐ Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	GREANDO, FE 32805		TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME							
STREET ADDRESS CITY-ST-ZIP TITLE NAME	URLANDO, FL 32805		TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE							
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDR' CITY-SI-ZIP	URLANDO, FE 32805	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP					☐ Change	☐ Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRE CITY-SI-ZIP	URLANDO, FE 32805		TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES		-					
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDR' CITY-SI-ZIP	URLANDO, FE 32805	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	s				☐ Change	☐ Addition	

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 eddress, with all other like empowered.

SIGNATURE:

Betty D. Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #