	PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STATE							
1	FOR screen vol State						
REIN	ISTATEMENT 3	DIVI ON O CORPO	ATTONIS				
'	UMENT # 737043 alion Name	•					
Mb. Ca	alvary Missionary Bapti	st Church, Inc.					
Principal Place of Business Mailing Address							
301 Spruge Street							
Jacksonville, Florida 32204					0000249321 -04/20/98010	006	
If above a	addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below.)12018 ***726,25	
2. New Pri	incipal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable	Date Incorp. To Do Busir	orated or Qualified ness in Florida 10/14/7		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					
City & State	e	City & State Will EN	10-98	59-2585	5573	Applied For Not Applicable	
Zip	Country & France De No	Zip Counti	v 11	6. CERTIFICATE	S OF STATUS DESIRED (\$8.75) Ad	ditional Fee required ertificate of Status	
7. Names	and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	ations must list at leas	st 3 directors)		·	
Title(s)	Name of Officers and/or Directors 2	Of	reet Address of Each flicer and/or Director		City / State / Z	ip a	
P/D	John Allen Newman	301 Spruce	se Posi Office Box Nu e Street	umbers)	Jacksonvolle, FL	32204	
			· · · · · · · · · · · · · · · · · · ·		F. 3		
D	D James Sanders 301 S		ruce Street		Jackson Le, FL	32204	
D	D Harold Sanders		8653 Bishopwood Drive		Jacksonville FI	32244	
D	George Cammon 2616 Glen		Mawr Road Jacksonville FL		a. 00		
	Rudolph Hill	1155 Turt	1155 Turtle Creek Dr.		Jacksonville	32218	
D	Isaac Mayhew	1252 Turt	le Creek Dr	. N.	Jacksonville, FL	32218	
	8. Name and Address of Current R	egistered Agent	Name	9. Name and A	ddress of New Registered Agent		
Doug M				Sey & Busey			
	erside Avenue nville, Florida 32203	Street Address (P.O. Box Number is Not Acceptable) 225 Water Street Suite, Apt. #, Etc.					
			Suite 1800				
10 I baine			Jacksonvil			Code 1202	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Smith Hulsey & Busey Signature of							
Registered A	Agent By:	IISTERED AGENT MUST SIGN	Vice-Preside	ent	Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on intangible tax.)							
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: John Allen Newman, President (904) 353-1455							

ADDITIONAL OFFICERS AND DIRECTORS OF MT. CALVARY MISSIONARY BAPTIST CHURCH, INC.

D	Hewitt Pugh	1863 W. 23rd Street	Jacksonville, FL 32209
D	Abraham Simmons	6924 Rhode Island Drive	Jacksonville, FL
D	Milton Threadcraft	3158 Scout Woods Trails	Jacksonville, FL 32216