2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90177 003 ****70.00

DOCUMENT # 737043

1. Entity Name
MT. CALVARY MISSIONARY BAPTIST CHURCH OF JACKSON

D0012547

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 SPRUCE ST JACKSONVILLE FL 32204	301 SPRUCE ST JACKSONVILLE FL 32204

2. Principal Place of Business	3. Mailing Address
4751 WALGREEN Rd Suite, Apt. #, etc. —	4751 WALGREEN Rd. Suite, Apt. #, etc. —
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32209 Country: USA	Zip: 32209 Country: USA

4. FEI Number 59-2585573 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWMAN, JOHN ALLEN 301 SPRUCE ST. JACKSONVILLE FL	☐ Delete	PD JOHN ALLEN NEWMAN 4751 WALGREEN Rd JACKSONVILLE, FL 32209	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYHEW, ISAAC I 1252 TURTLE CREEK DR. N JACKSONVILLE FL 32218	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, HAROLD 8653 BISHOPWOOD DRIVE JACKSONVILLE FL	☐ Delete	D HAROLD SANDERS 9024 COUNTRY MILL LANE JACKSONVILLE, FL 32222	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMMON, GEORGE 2616 GLEN MAWR ROAD JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, RUDOLPH 1155 TURTLE CREEK DR. S. JACKSONVILLE FL 32218	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: JOHN ALLEN Newman 1-25-01 904 353-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #