2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State
04-19-2005 90375 028 ****61.25

66022936

01142005 Chg-NP CR2E037 (10/03)

DOCUMENT # 737043

1. Entity Name
MT. CALVARY MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4751 WALGREEN RD. JACKSONVILLE, FL 32209	4751 WALGREEN RD. JACKSONVILLE, FL 32209

2. Principal Place of Business	3. Mailing Address
4751 Walgreen Road	4751 Walgreen Road
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32209 Country: Duval	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

STEPHEN A. Hould, ATTORNEY
920 Third STREET, SUITE D
Neptune Beach, FL 32266

7. Name and Address of New Registered Agent

Name: STEPHEN A. HOULD
Street Address (P.O. Box Number is Not Acceptable): 920 THIRD STREET, SUITE D
City: NEPTUNE BEACH FL Zip Code: 32266

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: _____ STEPHEN A. HOULD 6/8/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWMAN, JOHN ALLEN 4751 WALGREEN RD. JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYHEW, ISAAC I 1252 TURTLE CREEK DR. N JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMMON, GEORGE 2618 GLEN MANOR ROAD JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMMON, George 2618 Glen Manor Road Jacksonville, FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, LENA 1231 BROOKWOOD FOREST BLVD JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-14-05 904 768-4335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #