

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90366 001 ***140.00

DOCUMENT # 737043

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



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

Mailing Address
**4751 WALGREEN RD.
JACKSONVILLE, FL 32209**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2585573	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**HOULD, STEPHEN A ESQ
920 THIRD STREET
SUITE D
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, JOHN ALLEN
STREET ADDRESS	4751 WALGREEN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	D
NAME	MAYHEW, ISAAC I
STREET ADDRESS	1252 TURTLE CREEK DR. N
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	D
NAME	GAMMON, GEORGE
STREET ADDRESS	2618 GLEN MANOR ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	D
NAME	THOMPSON, LENA
STREET ADDRESS	1231 BROOKWOOD FOREST BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

904 768-4325

Daytime Phone #