

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 Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, JOHN ALLEN 4751 WALGREEN RD. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYHEW, ISAAC I 1252 TURTLE CREEK DR. N JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMMON, GEORGE 2618 GLEN MANOR ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LENA 1231 BROOKWOOD FOREST BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *904 768-4325*
Date Daytime Phone #