2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Name MT. CALVARY MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.							04-21-2008	90102 01	.9 ****70.0	00			
4751 WALGREEN RD. 47			4751	siling Address 751 WALGREEN RD. ICKSONVILLE, FL 32209				 	- III I TS I TS II SI S I		110 I 110 I 110 I 110 I		
Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01232008	Chg-NP	CR2E	(12/06)		
City & State			City & State				4. FEI Numbe 59-258			 	oplied For of Applicable		
Zip	Zip Country		Zip	Zip Cot				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	nd Address of Current	Registere	d Agent		Name		7. Name and	Address of Ne	w Registere	d Agent		
HOULD, STEPHEN A ESQ						ddress (F	P.O. Box Numb	er is Not Accepta	able)				
920 THIRD STREET SUITE D NEPTUNE BEACH, FL 32266						-			,		/*************************************		
	3			Ci				FL Zip Code					
	named entity s tions of register	submits this statement for	or the purpo	ose of changing its	register	ed office or	r registere	ed agent, or bo	th, in the State o	f Florida. I a	m familiar with,	and accept	
SIGNATURE .	3.00	*											
	Signature, typed or	printed name of registered agent	and title if appl	icable. (NOT	Т: Яegistere	id Agent signat	are required	when reinstating)		DATE		- ·	
	Filing Fee Due by Ma	ls \$61.25	and title if appl	9. Election Car Trust Fund	mpaign f	inancing		\$5.00 May E Added to Fees		Make che	ock payable t eartment of S		
10.	Filing Fee Due by Ma	ls \$61.25		9. Election Car Trust Fund	mpaign F Contribut	Financing lion.		\$5.00 May B Added to Fees		- Make che lorida Dep	eck payable teartment of S	tate	
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I nereby 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 flustee 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.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR