

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737043

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

4751 WALGREEN RD.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4751 WALGREEN RD.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2585573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWMAN, JOHN ALLEN
Address: 4751 WALGREEN RD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: MAYHEW, ISAAC I
Address: 1252 TURTLE CREEK DR. N
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CAMMON, GEORGE
Address: 2616 GLEN MAUR RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: THOMPSON, LENA
Address: 1231 BROOKWOOD FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: RAMSEY, JANICE
Address: 12281 YORK HARBOUR DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SIMMONS, ROBERT
Address: 1401 RIVER PLACE BLVD, #1408
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALLEN NEWMAN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date