

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 26, 2010
Secretary of State

DOCUMENT# 737043

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 ()****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:**TOMPKINS, ANGELA B J.D.
4751 WALGREEN ROAD
JACKSONVILLE, FL 32209 US

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: ANGELA B. TOMPKINS, J.D.

06/26/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: SIMMONS, ROBERT
Address: 4751 WALGREEN RD.
City-St-Zip: JACKSONVILLE, FL 32209

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

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

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

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

Title: D
Name: NEWMAN, JOHN A
Address: 4751 WALGREEN ROAD
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SIMMONS

PD

06/26/2010

Electronic Signature of Signing Officer or Director_____
Date