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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740953 (5)

1. Corporation Name
MT. CALVARY MISSIONARY BAPTIST CHURCH, INCORPORATED, OF ST. PETERBURG, FLORIDA

Principal Place of Business 2321 HARTFORD ST., S. ST. PETERSBURG FL 33711	Mailing Address 2321 HARTFORD ST., S. ST. PETERSBURG FL 33711
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21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

3. Date Incorporated or Qualified 12/06/1977	
4. FEI Number 59-1849928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, LEE A.
300 38 ST SO
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lee A. Smith* DATE: *2-27-98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FSD	1.1 TITLE	FOO
NAME	STANFORD, MARY E	1.2 NAME	PATRICIA A. Smith
STREET ADDRESS	955 21ST AVE. S.	1.3 STREET ADDRESS	1827-18 ave NO #0
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	St-petersburg FL 33713
TITLE	S	2.1 TITLE	
NAME	SMITH, EARNESTINE	2.2 NAME	
STREET ADDRESS	300-38TH AVE. S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TO
NAME	SMITH, LEE A.	3.2 NAME	Matthew Simmons Sr
STREET ADDRESS	300 38TH AVE. S.	3.3 STREET ADDRESS	1600 39 st SO
CITY-ST-ZIP	ST PETE FL	3.4 CITY-ST-ZIP	St-petersburg FL-33711
TITLE	PD	4.1 TITLE	
NAME	HOSTON, ANTHONY B.	4.2 NAME	
STREET ADDRESS	11691 128TH AVENUE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	TYSON, ALFONCIA	5.2 NAME	
STREET ADDRESS	2435 28TH AVENUE S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lee A. Smith* DATE: *2-27-98*

CF2E037 (10/97)