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**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90069 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 740953

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/06/1977	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1849928	
24	Country	29	Country	Applied For	
				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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, LEE A. 300 38 ST SO ST. PETERSBURG FL 33711				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PATRICIA A		1.2 NAME	Smith, Earnestine	
STREET ADDRESS	1827 18 AVE NO SUITE D		1.3 STREET ADDRESS	300 34th Street So.	
CITY-ST-ZIP	ST PETE FL 33713		1.4 CITY-ST-ZIP	St. Petersburg, Fla. 33711	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EARNESTINE		2.2 NAME	Howard, Patricia G.	
STREET ADDRESS	300-38TH AVE. S		2.3 STREET ADDRESS	3629 16th Ave. So.	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, Fla. 33711	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, SIMMONS SR		3.2 NAME	Cornelius, Mary	
STREET ADDRESS	1600 39 ST SO		3.3 STREET ADDRESS	2305 13th Street So.	
CITY-ST-ZIP	ST PETE FL 33711		3.4 CITY-ST-ZIP	St. Petersburg, Fla. 33705	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, ALFONCIA		5.2 NAME		
STREET ADDRESS	2435 26TH AVENUE S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 4/4/99 DAYTIME PHONE #: (727) 319-0561

CR2E037 (11/98)