

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 010 ****70.00

DOCUMENT # 740953

i. Entity Name

MT. CALVARY MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business 2321 HARTFORD ST.S. ST. PETERSBURG FL 33711	Mailing Address 2321 HARTFORD ST.S. ST. PETERSBURG FL 33711-3245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1849928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 *Lee A. Smith* DATE 4-26-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	HOWARD, PATRICIA G
STREET ADDRESS	3629 16TH AVE SOUTH
CITY-ST-ZIP	ST PETE FL 33711
TITLE	FSD <input type="checkbox"/> Delete
NAME	SMITH, EARNESTINE
STREET ADDRESS	300-38TH AVE. S
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	TD <input type="checkbox"/> Delete
NAME	CORNELIUS, MARY
STREET ADDRESS	2305 13TH ST. SOUTH
CITY-ST-ZIP	ST PETE FL 33705
TITLE	PD <input type="checkbox"/> Delete
NAME	HOSTON, ANTHONY B.
STREET ADDRESS	11691 128TH AVENUE N.
CITY-ST-ZIP	LARGO FL
TITLE	T <input type="checkbox"/> Delete
NAME	TYSON, ALFONCIA
STREET ADDRESS	2435 26TH AVENUE S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 trustee 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.

SIGNATURE: *Lee A. Smith* DATE 4-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)