

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90133 022 ****61.25

DOCUMENT # 740953

1. Entity 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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. 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 _____ DATE _____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME S HOWARD, PATRICIA G STREET ADDRESS 3629 16TH AVE SOUTH CITY-ST-ZIP ST PETE FL 33711	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME FSD FOWLER, NIKITA STREET ADDRESS 2305 13TH ST. SOUTH CITY-ST-ZIP SAINT PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME FSD PATRICIA A. Smith STREET ADDRESS 749-61 ave SO CITY-ST-ZIP Saint Petersburg FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD GREEN, SHUNTEL STREET ADDRESS 3501 17TH AVE. SOUTH CITY-ST-ZIP SAINT PETERSBURG FL 33711	<input checked="" type="checkbox"/> Delete	TITLE NAME TO Cynthia Northern STREET ADDRESS 4675-19 ave SO CITY-ST-ZIP Saint Petersburg FL 33711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PD HOSTON, ANTHONY B. STREET ADDRESS 11691 128TH AVENUE N. CITY-ST-ZIP LARGO FL	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T TYSON, ALFONCIA STREET ADDRESS 2435 26TH AVENUE S. CITY-ST-ZIP ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Signature Required **SIGNATURE REQUIRED** 2-17-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)