
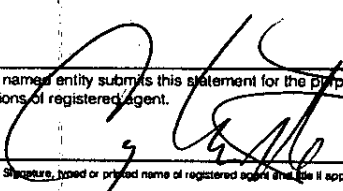
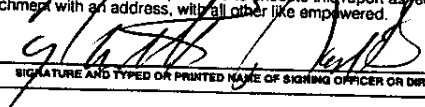


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 017 ****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		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 type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORTHERN, CYLINTHIA <i>NORTHERN</i> 4675 19TH AVE S -- MIAMI, FL 33111			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Signature, typed or printed name of registered agent and fee if applicable.		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, GERTRICE		NAME	CHURCH CLERK	
STREET ADDRESS	4651 20 AVE S		STREET ADDRESS	BERTICE MITCHELL	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	4651-20 AV. SO. St. Petersburg FL 33711	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, EARNESTINE		NAME	CHAIRMAN OF TRUSTEE	
STREET ADDRESS	300 38 ST S		STREET ADDRESS	BEATRIZ HARVEY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	4100-24th Av. So. St. Petersburg FL 33711	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTHERN, CYLINTHIA		NAME	CHAIRMAN OF DEACONS	
STREET ADDRESS	4675-19 AVE S		STREET ADDRESS	WILBURN NORTHERN	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	4675-19 Av. So. St. Petersburg FL 33711	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITHQ, LEE		NAME	TREASURER	
STREET ADDRESS	300 387 ST S		STREET ADDRESS	EARLESTINE Smith	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	300-38 St. So. St. Petersburg FL 33711	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYSON, ALFONCIA		NAME	FINANCIAL SECRETARY	
STREET ADDRESS	2435 26TH AVENUE S.		STREET ADDRESS	Cylinthia SMITH NORTHERN	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	4675-19 Av. So. St. Petersburg FL 33711	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Cylinthia Northern 7/9/04 321-8065			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			
		Daytime Phone #			