

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90035 022 ****70.00

DOCUMENT # 744019

1. Corporation Name

MT. CALVARY FIRST BAPTIST CHURCH OF SARASOTA, FL
ORIDA, INC.

Principal Place of Business

2256 COLSON AVE 1494 MLK WAY
SARASOTA FL 34234

Mailing Address

2256 COLSON AVE 2254 COLSON AVE
SARASOTA FL 34234

409400 - 90035 - 22



2. Principal Place of Business

21 1494 DR. MARTIN LUTHER

Suite, Apt. #, etc.

22 KING WAY

City & State

23 SARASOTA, FL

Zip

24 34234

Country

25 SARASOTA

2a. Mailing Address

26 MT. Calvary First Bapt.

Suite, Apt. #, etc.

27 1494 DR. MARTIN LUTHER

City & State

28 KING WAY SARASOTA, FL

Zip

29 34234

Country

30 SARASOTA

3. Date Incorporated or Qualified

08/22/1978

4. FEI Number

59-1847932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PERKINS, SANFORD
1833 11TH ST
BRANDENTON FL 34208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

SANFORD T. PERKINS

4-10-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENRY, EMMA

STREET ADDRESS 1459 15TH ST.

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME ALLEN, LEROY

STREET ADDRESS 1919 CENTRAL AVE.

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME HOLLENGUEST, CATHERINE

STREET ADDRESS 308 COLLINS RD

CITY-ST-ZIP LAVREL FL

TITLE P ☐ DELETE

NAME PERKINS, S.T.

STREET ADDRESS 1833 11TH ST

CITY-ST-ZIP BARDEN FL

TITLE P ☐ DELETE

NAME HOLLIDAY, ROBERT

STREET ADDRESS 1754 10TH STREET

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: ROBERT HOLLIDAY 4-10-99 941-454-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)