

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # 764822

1. Entity Name
MT. CALVAR INDEPENDENT BAPTIST CHURCH, INC.



Principal Place of Business

MT. CALVARY INDEPENDENT BAPTIST CHURCH
PO BOX 236606
COCOA, FL 32923 US

Mailing Address

MT. CALVARY INDEPENDENT BAPTIST CHURCH
PO BOX 236606
COCOA, FL 32923 US



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2113569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, HERBERT
2261 HIALEAH ST NE
PALM BAY, FL 32907

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WASHINGTON, DARLETTE P
2261 HIALEAH STREET, NE
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WASHINGTON, HERBERT
2261 HIALEAH STREET NE
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JONES, PEARLIE B
558 JOHNSON ST
COCOA, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, ODELL
5540 FAIRBRIDGE STREET
COCOA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FIELDER, MAJOR
116 EXPLORER STREET
COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000636354
02/26/07-80013-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2007 (371) 633-6639
Date Daytime Phone