


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001301
 1. Entity Name
MOUNT CALVARY MISSIONARY BAPTIST CHURCH OF STUART, INC



Principal Place of Business 904 BAYOU AVENUE STUART, FL 34995	Mailing Address P. O. BOX 1916 STUART, FL 34995
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03252003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0630502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOORE, VERNE
 708 SE PIN OAK TERRACE
 STUART, FL 34997

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000162748
 06/21/04-80001-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOORE, VERNE 708 PIN OAK TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIER, NORMAN 3938 SE JACUARANDA ST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DICKERSON, ROSEITA 829 CENTRAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Verne Moore **VERNE MOORE** 6-9-04 772 403-2002 1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #