


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 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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DO NOT WRITE IN THIS SPACE



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 81-0630502	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

**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: Verne Moore, Verne Moore, Chairman Trustee 2-1-2006
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/06-80019-014 61.25

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: Verne Moore, Verne Moore, Chairman 2-1-2006 772 403-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #