


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 019 ****61.25

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



07142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 81-0630502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	T MORRIS, ELEANOR 857 SW COMMONWEALTH RD PORT SAINT LUCIE, FL 34953
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 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 7/14/2008 772 287-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #