


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11796 (2)
 1. Corporation Name
MT. CALVARY FIRST BAPTIST CHURCH OF SOUTH BAY, I NC.

Principal Place of Business 180 SW 10TH AVE SOUTH BAY FL 33493	Mailing Address 180 SW 10TH AVE SOUTH BAY FL 33493
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1985	3a. Date of Last Report 04/11/1996
4. FEI Number 06-0212160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHILDS, WILLIE MACK
 225 SW 10TH AVE
 SOUTH BAY FL 33493**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	COOPER, ROOSEVELT
STREET ADDRESS	660 W 37TH ST
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CHILDS, WILLIE MACK
STREET ADDRESS	225 SW 10TH AVE
CITY-ST-ZIP	SOUTH BAY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WITCHARD, BETTY (FINAN)
STREET ADDRESS	250 SW 7TH AVE
CITY-ST-ZIP	SOUTH BAY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CHILDS, LEXIE M (RCING)
STREET ADDRESS	225 SW 10TH AVE
CITY-ST-ZIP	SOUTH BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROKER, BERTHA M
STREET ADDRESS	185 SW 10TH AVE
CITY-ST-ZIP	SOUTH BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, PAULINE
STREET ADDRESS	260 NW 12TH AVE
CITY-ST-ZIP	SOUTH BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ DATE **7/31/97** (56) 42-7527

CR2E037 (4/97)