

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90011 036 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11796**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 06-0212160
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHILDS, WILLIE MACK 225 SW 10TH AVE SOUTH BAY FL 33493				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, ROOSEVELT	1.2 NAME	
STREET ADDRESS	660 W 37TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, WILLIE MACK	2.2 NAME	
STREET ADDRESS	225 SW 10TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCHARD, BETTY (FINAN)	3.2 NAME	
STREET ADDRESS	250 SW 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, LEXIE M (RCDING)	4.2 NAME	
STREET ADDRESS	225 SW 10TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROKER, BERTHA M	5.2 NAME	
STREET ADDRESS	185 SW 10TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAULINE	6.2 NAME	
STREET ADDRESS	260 NW 12TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 2/4/99 (561) 842-7587

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