

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90424 004 ****61.25

DOCUMENT # N11796

1. Entity 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
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip Country	Zip Country

4. FEI Number **06-0212160**

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CHILDS, WILLIE MACK
 225 SW 10TH AVE
 SOUTH BAY FL 33493**

7. Name and Address of New Registered Agent

Name
Street Address (P.O., Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. 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 (RCODING)	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Roosevelt Cooper* **ROOSEVELT COOPER** 4/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04-18-2002

CR2E037 (9/01)