


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N11796**  
1. Entity Name  
MT. CALVARY FIRST BAPTIST CHURCH OF SOUTH BAY, INC.



Principal Place of Business      Mailing Address  
180 SW 10TH AVE      180 SW 10TH AVE  
SOUTH BAY, FL 33493      SOUTH BAY, FL 33493

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
06-0212160      Not Applicable

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

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

**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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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U00000339442  
04/28/05-80074-007 61.25

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      Date: 4/11/05      Daytime Phone #: (561) 8427587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR