


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N11796

1. Entity Name
 MT. CALVARY FIRST BAPTIST CHURCH OF SOUTH BAY, INC.



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

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-0212160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, ROOSEVELT 660 W 37TH ST RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHILDS, WILLIE MACK 225 SW 10TH AVE SOUTH BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITCHARD, BETTY (FINAN) 250 SW 7TH AVE SOUTH BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHILDS, LEXIE M (RCDDING) 225 SW 10TH AVE SOUTH BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPP, RUBY 115 EIDER CT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, PAULINE 260 NW 12TH AVE SOUTH BAY, FL

UN0000684323
 04/08/07-80029-001 61.25

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: *[Signature]* ROOSEVELT COOPER 3/25/07 (561)842-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #