
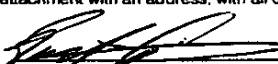


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 018 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHILDS, WILLIE MACK 225 SW 10TH AVE SOUTH BAY, FL 33493				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, ROOSEVELT			NAME	BROWN, SHAWANNA
STREET ADDRESS	660 W 37TH ST			STREET ADDRESS	430 S. E 2ND STREET
CITY-ST-ZIP	RVIERA BEACH, FL			CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, WILLIE MACK			NAME	
STREET ADDRESS	225 SW 10TH AVE			STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCHARD, BETTY (FINAN)			NAME	
STREET ADDRESS	250 SW 7TH AVE			STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, LEXIE M (RCODING)			NAME	
STREET ADDRESS	225 SW 10TH AVE			STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPP, RUBY			NAME	
STREET ADDRESS	115 EIDER CT			STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAULINE			NAME	
STREET ADDRESS	260 NW 12TH AVE			STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY, FL			CITY-ST-ZIP	
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:  ROOSEVELT COOPER 4/18/08 (561) 842-7587					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					