

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90142 037 \*\*\*\*61.25

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



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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State



CHECK HERE IF MAKING CHANGES

Zip      Country      Zip      Country

4. FEI Number **06-0212160**      Applied For  
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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**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	

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: ~~TO BE SIGNED BY REGISTERED AGENT~~ **Rev. Roosevelt Cooper, PASTOR** (561)842-7587

CR2E037 (10/02)