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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90181 046 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N27093**

1. Corporation Name

**MT. CALVARY SOUTHERN BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

5300 BERRYHILL RD  
 MILTON FL 32570

5300 BERRYHILL RD  
 MILTON FL 32570



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, WESLEY W**  
**5025 COMMUNITY CIRCLE**  
**MILTON FL 32583**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRIZZELL, JERRY A.	
STREET ADDRESS	907 ROBIN AVE.	
CITY-ST-ZIP	MILTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINZY, DWIGHT	
STREET ADDRESS	5524 WALKER RD	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, WESLEY	
STREET ADDRESS	5025 COMMUNITY CIRCLE	
CITY-ST-ZIP	MILTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, JESSE	
STREET ADDRESS	5405 DOUGLAS ST.	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tr Judd, Johnny
5.3 STREET ADDRESS	5426 Berryhill Road
5.4 CITY-ST-ZIP	Milton, FL 32570
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

850-623-6567

Date

Daytime Phone #

CR2E037 (1/98)