

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27093

1. Entity Name

MT. CALVARY SOUTHERN BAPTIST CHURCH, INC.

Principal Place of Business

5300 BERRYHILL RD  
MILTON FL 32570

Mailing Address

P.O. BOX 709  
MILTON FL 32572

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3197639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUDD, JOHNNY  
5426 BERRYHILL ROAD  
MILTON FL 32570

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.

SIGNATURE

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

(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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, BILLY	
STREET ADDRESS	5549 SUNKIST CIRCLE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORDON, BOBBY	
STREET ADDRESS	4000 COACHMAN ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACK, ERNEST	
STREET ADDRESS	5528 WOODBINE ROAD	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANGSTON, BILL	
STREET ADDRESS	7646 LAKESIDE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUDD, JOHNNY	
STREET ADDRESS	5426 BERRYHILL ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRICE, MIKE	
STREET ADDRESS	6107 ANDERSON LANE	
CITY-ST-ZIP	MILTON FL 32570	

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90108 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)