

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90118 042 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**JUDD, JOHNNY
5426 BERRYHILL ROAD
MILTON FL 32570**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BILLY	
STREET ADDRESS	5549 SUNKIST CIRCLE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VPD	<input checked="" 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 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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seaborn Rutherford	
STREET ADDRESS	3624 Brightwood Lane	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Price	
STREET ADDRESS	545 Childers St.	
CITY-ST-ZIP	Tenacola, FL 32534	
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: *Mike Price* **SIGNATURE REQUIRED**

3-30-03 850-623-3713

CR2E037 (10/02)