2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# N49560

Entity Name: MT. CALVARY MISSIONARY BAPTIST CHURCH OF NEW SMYRNA BEACH, INC.

Current Principal Place of Business:

569 WASHINGTON STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 445
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2418508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUDLEY, JOSEPH P.
403 DOWNING STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAMILTON, DOUGLAS A
Address: 2837 ROXBURY ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: WHITE, MILDRED B
Address: 540 SINNKA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete
Name: MARSHALL, JOSIE
Address: 524 JULIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: BRAGGS, JOAN
Address: 1153 FIELD STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: FRAZIER, GLORIA
Address: 907 CHERRY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: MONROE, WILBUR
Address: 546 WASHINGTON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. HAMILTON VP 03/09/2007

Electronic Signature of Signing Officer or Director — Date