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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra Br. M. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002476 (0)

1. Corporation Name

NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

**1100 WEST 12TH STREET
SANFORD FL 32771**

**P.O. BOX 1821
SANFORD FL 32772-1821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 08/10/1994
4. FEI Number 59-2705029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	20
Suits, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

9. Name and Address of Current Registered Agent

**BROWN, EDWARD SR
227 PANAMA ROAD
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	MCGILL, DERRY JR
STREET ADDRESS	1704 W. 18TH STREET
CITY - ST - ZIP	SANFORD FL 32771
TITLE	VD
NAME	CORBETT, WILLIE
STREET ADDRESS	701 PECAN AVE
CITY - ST - ZIP	SANFORD FL 32771
TITLE	VD
NAME	JACKSON, JACK
STREET ADDRESS	1901 W. 18TH STREET
CITY - ST - ZIP	SANFORD FL 32771
TITLE	SD
NAME	BLAKE, RUBY
STREET ADDRESS	1711 ROOSEVELT AVE
CITY - ST - ZIP	SANFORD FL 32771
TITLE	TD
NAME	BROWN, EDWARD SR
STREET ADDRESS	227 PANAMA ROAD
CITY - ST - ZIP	WINTER SPRINGS FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward L. Brown, Sr.	
1.3 STREET ADDRESS	227 Panama Road	
1.4 CITY - ST - ZIP	Winter Springs, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Annie T. Newell	
4.3 STREET ADDRESS	1711 Roosevelt Avenue	
4.4 CITY - ST - ZIP	Sanford, FL 32771	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clarence W. Royals, Sr.	
5.3 STREET ADDRESS	1805 Knox Avenue	
5.4 CITY - ST - ZIP	Sanford, FL 32771	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Edward L. Brown, Sr. **02/27/95** (407)321-1464