

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 07 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N93000002476 (0)**  
1. Corporation Name  
**NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC**



Principal Place of Business  
**1109 WEST 12TH STREET  
SANFORD FL 32771**

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

|                                |                     |                     |                     |   |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/01/1993</b>  |  | 3a. Date of Last Report<br><b>04/07/1995</b> |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2705029</b>  |  | Applied For<br>Not Applicable                |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|   |  |  |  |  |  |           |    |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                         |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>BROWN, EDWARD SR<br/>227 PANAMA ROAD<br/>WINTER SPRINGS FL 32708</b> |  |  |  | 81   | Name   |           |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|   |  |  |  | 83   |  |           |    |
|   |  |  |  | 84   | City   | <b>FL</b> | 85 |

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                      | TP                    | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | BROWN, SR. E L.       |  |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | 227 PANAMA ROAD       |  |  | 1.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | WINTER SPRINGS FL     |  |  | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE                      | VD                    | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CORBETT, WILLIE       |  |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             | 701 PECAN AVE         |  |  | 2.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771      |  |  | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE                      | VD                    | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | JACKSON, JACK         |  |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             | 1901 W. 16TH STREET   |  |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | SANFORD FL 32771      |  |  | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE                      | ST                    | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | NEWELL, ANNIE T       |  |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             | 1711 ROOSEVELT AVENUE |  |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | SANFORD FL            |  |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | T                     | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | ROYALS, SR. C W.      |  |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             | 1805 KNOX AVENUE      |  |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | SANFORD FL            |  |  | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                       |  |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             |                       |  |  | 6.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                       |  |  | 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 119.07(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 **Edward L. Brown** **03/04/96** **407 321-1464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)