

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED
Aug 11 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 2a
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 03/07/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> DELETE
NAME	BROWN, SR. E L.	
STREET ADDRESS	227 PANAMA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORBETT, WILLIE	
STREET ADDRESS	701 PECAN AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, JACK	
STREET ADDRESS	1901 W. 18TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, GLADYS	
STREET ADDRESS	227 PANAMA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROYALS, SR. C W.	
STREET ADDRESS	1805 KNOX AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST Jacqueline Fort Smith
4.3 STREET ADDRESS	132 Academy Avenue
4.4 CITY-ST-ZIP	Sanford, Florida 32771
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Derry McGill, Jr.
6.3 STREET ADDRESS	1704 W 18th Street
6.4 CITY-ST-ZIP	Sanford, Florida 32771

14. I do 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 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 _____

CP2E037 (4/97)