## 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).

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

#### N93000002476 (0) DOCUMENT #

### NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business	Malling Address
1109 WEST 12TH STREET	P.O. BOX 1821
SANFORD FL 32771	SANFORD FL 32772-1821

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



Section   Sect							—			
SMFORD FL 32771  SAMFORD FL 32771  SAMFORD FL 32771  SAMFORD FL 32771  SAMFORD FL 32771  S. Do NOT WRITE IN THIS BPACE  2. Principal Place of Business	Principal Place of Business Mailing Address					'''	eine men enem felse fille fills fills	##   F   F   F   F   F   F   F   F   F	81911 48418 8411 4 <b>6</b> 81	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   3a. Date of Lest Report   03/07/1996   3a. Date of Lest Report   05/07/1996										
2. Principal Piace of Business   2a. Mailing Address   2b. Surfe, Apt. #, etc.   2b. Surfe, Apt. #, etc.   2b. Surfe, Apt. #, etc.   2c. Surfe, Apt.	SANFORD FL 32771 SANFORD FL 32772-1821						DO NOT WRITE IN THIS SPACE			
26   Surio, Apt. 4, etc.   25   Surio, Apt. 5, etc.   27   Surio, Apt. 6, etc.   27   Surio, Apt. 6, etc.   28   Surio, Added to Fee.   29   Surio, Added to Fee.   29   Surio, Added to Fee.   28   Surio, Added to Surio, Added to Fee.   28   Surio, Added to Surio, Adde										
Suite, Apt. #, sic.    Suite, Apt. #, sic.   Suite, Apt. #, sic.   Suite, Apt. #, sic.   S. Carificate of Status Desired   SF.75 Additional Fee Required   SF.00 May Be Added to Fees   SF.00		lace of Business	2a. Mailing Address		•				Applied For	
City & State   City & City	21					59-	59-2705029 Not Ar			
City & State  28	_	#, etc.				5. Certifica	ate of Status Desired	1 1		
21p   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation was or has paid the current year interrupible   Personal Property Tax due June 20   Yes   No   No   No   No   No   No   No   N		<u> </u>					Oi Fii			
Zip			— ·							
BROWN, EDWARD SR 227 PANAMA ROAD WINTER SPRINGS FL 32708  BROWN, EDWARD SR 227 PANAMA ROAD WINTER SPRINGS FL 32708  BROWN, EDWARD SR 328 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 329 FANAMA ROAD WINTER SPRINGS FL 32708  BROWN, EDWARD SR 320 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 321 PANAMA ROAD WINTER SPRINGS FL 32708  BROWN, EDWARD SR 322 PANAMA ROAD WINTER SPRINGS FL 32708  BROWN, EDWARD SR 322 PANAMA ROAD WINTER SPRINGS FL 32771  BROWN, EDWARD SR 328 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 329 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 321 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 321 Street Address (F.O. Box Number is Not Acceptable)  BROWN, EDWARD SR 321 STREET ADDRESS BROWN, EDWARD SR 321 STREET ADDRESS BROWN, EDWARD SR 321 STREET ADDRESS BROWN, SR E L 321 STREET ADDRESS BROWN, EDWARD SR 321 STREET ADDRESS BROWN, EDWARD SR 321 STREET ADDRESS BROWN, SR E L 321 STREET ADDRESS BROWN, GLADY BROWN BROWN		Country		<del>+</del>						
BROWN, EDWARD SR 227 PANAMA ROAD WINTER SPRINGS FL 32708  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the address of registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this elatement for the purpose of changing lis registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the adversarial state of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered signature, the provisions of Section 617.0503, Florida Statutes, the doctory of the provisions of Section 617.0503, Florida Statutes, the doctory of the origination of the corporation's board of directors, I hereby accept the appointment as registered signature, the corporation's board of directors, I hereby accept the appointment as registered signature, the corporation's board of directors, I hereby accept the appointment as registered agent, and the sequence Apert agents required when remitting.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. The SPRINGS FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OTH ST. J.PP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	24	25	29	30						
BROWN, EDWARD SR 227 PANAMA ROAD WINTER SPRINGS FL 32708  BB   City   FL   BB   Zip Code    11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent i.e. minimize with, and accept the obligations of, Section 617,0502 and 617,1508, Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent i.e. minimize with, and accept the obligations of, Section 617,0502 and 617,1508, Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent i.e. minimize with an accept the obligation of, Section 617,0503, Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent i.e. minimize with a section 617,0503, Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent in the state of Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent in the state of Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent in the state of Floridas Statutos, the above-named corporation submits this statement for the purpose of changing lits registered agent in the state of Floridas Statutos, the above-named corporations board of directors. I hereby accept the appointment as registered agent in the statement for the purpose of changing lits registered agent in the statement for the purpose of changing lits registered agent and statement for the purpose of changing lits registered agent in the statement for the purpose of changing lits registered agent in the statement for the purpose of changing lits registered agent in the statement for the purpose of changing lits registered agent in the statement for the purpose of changing lits registered agent in the st		9. Name and Address of Curre	ent Registered Agent			10. Name a	and Address of New Re	gistered Agent		
### City ### Comparison 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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent. The purpose of change is the segistered of the purpose of changes is the segistered of the purpose of cha				81	Name					
WINTER SPRINGS FL 32708    B4   City   FL   85   Zip Code	,			82	Street A	Address (P.O. Box	Number is Not Acceptab	ole)		
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, or material member and accept the objections of Socion 617.0503. Florida Statutes agent. I am familiar with, and accept the objection of Socion 617.0503. Florida Statutes agent. I am familiar with, and accept the objection of Socion 617.0503. Florida Statutes agent. I am familiar with, and accept the objection of Socion 617.0503. Florida Statutes agent. I am familiar with, and accept the objection of Socion 617.0503. Florida Statutes agent. I am familiar with a fam										
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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 euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent after an accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Text				84	City			85	Zip Code	
SIGNATURE   Signalure typed or printed famile of registated algorit and little   Earplication   (NOTE Registated Agent signature required when reintation)   DATE								- FL	·	
Signature, supped or profiled feeme of regulatives appoil and time if appolicable   (NOTE: Regulatered Appoint signature required when reportating)   DATE	office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 617.1508, Florida Statutes te of Florida. Such change was au gations of, Section 617.0503, Flori	s, the abov thorized b ida Statute	re-named by the corp is.	corporation submit poration's board of	s this statement for the p directors. I hereby accep	ourpose of chang of the appointme	ging its registered ent as registered	
12.			·							
TITLE					ent signature	_ <del>`</del>			CTOPS IN 12	
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STREET ADDRESS 1704 W 18th Street  CHY-ST-ZIP Sepford Florida 32771						Derry McGi				
CITY-ST-ZIP Sanford Florida 32771	STREET ADDRESS			6.3 STREE	T ADDRESS	1704 W 18t	h Street			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3\forall ) Florida Statutes. I further certify that the	CITY-ST-ZIP	and the table to the second second	and the state of t		ST-ZIP	Sanford, F	lorida_32771	. 11.46	41-1-11-	

Information indicated on this annual report or supplied mind goes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifity that the information indicated on this annual report or supplied manual 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.