

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002476

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2705029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, EDWARD SR  
227 PANAMA ROAD  
WINTER SPRINGS FL 32708

Name JANET M. SIMMONS

Street Address (P.O. Box Number is Not Acceptable)  
1466 STEEPLECHASE LN.

City DELTONA

FL

Zip Code 32725

8. 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 JANET M. SIMMONS, SECRETARY/TREASURER  
FIN. SEC.

SIGNATURE Janet M. Simmons

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 11, 2000

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TP  
NAME BROWN, SR. E L  
STREET ADDRESS 227 PANAMA ROAD  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE TP  
NAME RALEIGH SUTTON  
STREET ADDRESS 1807 COOLIDGE AVE.  
CITY-ST-ZIP SANFORD, FL. 32772

TITLE D  
NAME CORBETT, WILLIE  
STREET ADDRESS 701 PECAN AVE  
CITY-ST-ZIP SANFORD FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME JACKSON, JACK  
STREET ADDRESS 1901 W. 16TH STREET  
CITY-ST-ZIP SANFORD FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME SIMMONS, JANET M  
STREET ADDRESS 1466 STEEPLECHASE LN  
CITY-ST-ZIP SANFORD FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME ROYALS, SR. C W.  
STREET ADDRESS 1805 KNOX AVENUE  
CITY-ST-ZIP SANFORD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MCGILL, DERRY JR  
STREET ADDRESS 1704 W 18TH ST  
CITY-ST-ZIP SANFORD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JANET M. SIMMONS

JAN. 11, 2000 904-532-9179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)