

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002476

1. Entity Name

NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90227 025 ****61.25

Principal Place of Business

Mailing Address

1109 WEST 12TH STREET
 SANFORD FL 32771

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

4. FEI Number

59-2705029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

602726



DO NOT WRITE IN THIS SPACE

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 **JANET M. SIMMONS, SECRETARY/TREASURER FIN. SEC.** 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	<input type="checkbox"/> Delete
NAME	BROWN, SR. E L	
STREET ADDRESS	227 PANAMA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<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. 16TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIMMONS, JANET M	
STREET ADDRESS	1466 STEEPLECHASE LN	
CITY-ST-ZIP	SANFORD FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROYALS, SR. C W.	
STREET ADDRESS	1805 KNOX AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGILL, DERRY JR	
STREET ADDRESS	1704 W 18TH ST	
CITY-ST-ZIP	SANFORD FL	

TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEIGH SUTTON	
STREET ADDRESS	1807 COOLIDGE AVE.	
CITY-ST-ZIP	SANFORD, FL. 32772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JANET M. SIMMONS SIGNATURE REQUIRED JANET M. SIMMONS DATE: JAN. 11, 2000 DAYTIME PHONE #: 904-532-9179

CR2E037 (9/99)