

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90162 050 \*\*\*\*70.00

**DOCUMENT # N93000002476**

1. Entity Name

**NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC**

Principal Place of Business

Mailing Address

1109 WEST 12TH STREET  
 SANFORD FL 32771

P.O. BOX 1821  
 SANFORD FL 32772-1821



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, JANET M**  
**1466 STEEPLECHASE LN**  
**DELTONA FL 32725**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	SUTTON, RALEIGH	
STREET ADDRESS	1807 COOLIDGE AVE.	
CITY-ST-ZIP	SANFORD FL 32772	
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		<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		
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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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 9, 2001 407-322-3321  
 Date Daytime Phone #

CR2E037 (10/00)