

2001 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SIMMONS, JANET M
1466 STEEPLECHASE LN
DELTONA FL 32725

4. FEI Number

59-2705029

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)