

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002476

FILED
Mar 06, 2006
Secretary of State

Entity Name: NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1109 WEST 12TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1821
SANFORD, FL 327721821

New Mailing Address:

FEI Number: 59-3057797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAKE, RUBY N
700 EAST 7TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

SUTTON, SHIRLEY
1115 WEST 10TH ST
SANFORD, FL 32771 US

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: SHIRLEY SUTTON

03/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, WILLIE L SR,
Address: 152 HIDDEN LAKE DR
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: CHOICE, GAIL
Address: 872 EDGEFOREST TERR
City-St-Zip: SNFORD, FL 32771

Title: S () Delete
Name: SUTTON, SHIRLEY
Address: 1115 WEST 10TH ST
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: KING, LEON
Address: 64 HOLLOW PINE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: FRANKLIN, ARMETTA
Address: 1305 WEST 11TH ST
City-St-Zip: SANFORD, FL

Title: D () Delete
Name: BLAKE, RUBY N
Address: 700 E 7TH ST
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRANKLIN, ARMETTA
Address: 1305 WEST 11TH ST
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: VAUGHN, RICHADAN
Address: 324 SANLANTA CIRCLE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CHOICE

VP

03/06/2006

Electronic Signature of Signing Officer or Director

Date