

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002476

FILED  
Jan 31, 2007  
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:**

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

**Name and Address of New Registered Agent:**

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:

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 32771

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RIVERS, HERCULES  
Address: 1207 W. 11TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change ( ) Addition  
Name: CHOICE, GAIL  
Address: 872 EDGEFOREST TERR  
City-St-Zip: SANFORD, FL 32771

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

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

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

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

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

01/31/2007

Electronic Signature of Signing Officer or Director

Date