

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90053 039 ****61.25

DOCUMENT # N96000003606

1. Entity Name

MOUNT CALVARY BAPTIST CHURCH OF LEESBURG, FLORID

Principal Place of Business

Mailing Address

1012 E. LINE STREET
 LEESBURG FL 34748

1012 E. LINE STREET
 LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3389705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0019262



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, ARTHUR E SR.
1825 INKWOOD COURT
ORLANDO FL 32818

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 NAME	CT CAPERS, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	1112 W. MAIN ST., APT. F-4	
CITY-ST-ZIP	LEESBURG FL	
TITLE NAME	T FENDERSON, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	902 N. CHESTER STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE NAME	T MOSELY, WILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	3404 S.E. 36TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	T PRESSLEY, JOHNNY SR.	<input type="checkbox"/> Delete
STREET ADDRESS	209 S. LAKE STREET, APT. D4	
CITY-ST-ZIP	LEESBURG FL	
TITLE NAME	TT FILLMORE, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	307 MAGNOLIA WAY	
CITY-ST-ZIP	LADY LAKE FL	
TITLE NAME	S MAYS, WILLIAM W SR.	<input type="checkbox"/> Delete
STREET ADDRESS	1125 TUSKEGEE STREET	
CITY-ST-ZIP	LEESBURG FL	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **TONY CAPERS**
CHAIRMAN OF TRUSTEE, SEMINARY

[Handwritten Signature]
 Date: **01/28/01** (352) 787-8407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)