

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 18, 2004 8:00 am
Secretary of State

5/10.

05-10-2004 90453 050 ****61.25

DOCUMENT # N96000003606

1. Entity Name
MOUNT CALVARY BAPTIST CHURCH OF LEESBURG, FLORIDA, INC.



Principal Place of Business Mailing Address
1012 E. LINE STREET **1012 E. LINE STREET**
LEESBURG FL 34748 **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 Applied For
59-3389705 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIDDLETON, ARTHUR E SR.
1825 INKWOOD COURT
ORLANDO FL 32818

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ *Arthur E. Middleton Sr.* **4.24.04**
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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME	CT CAPERS, TONY <input type="checkbox"/> Delete
STREET ADDRESS	1112 W. MAIN ST., APT. F-4
CITY-ST-ZIP	LEESBURG FL <i>Tony Capers</i>
TITLE NAME	FENDERSON, JAMES <input type="checkbox"/> Delete
STREET ADDRESS	902 N. CHESTER STREET
CITY-ST-ZIP	LEESBURG FL <i>James P. Fenderson</i>
TITLE NAME	T MOSELY, WILLIE <input type="checkbox"/> Delete
STREET ADDRESS	3404 S.E. 36TH STREET
CITY-ST-ZIP	OCALA FL <i>Willie Mosely</i>
TITLE NAME	T PRESSLEY, JOHNNY SR. <input type="checkbox"/> Delete
STREET ADDRESS	209 S. LAKE STREET, APT. D4
CITY-ST-ZIP	LEESBURG FL <i>Johnny Pressley Sr.</i>
TITLE NAME	TT FILLMORE, PATRICIA <input checked="" type="checkbox"/> Delete
STREET ADDRESS	307 MAGNOLIA WAY
CITY-ST-ZIP	LADY LAKE FL
TITLE NAME	S MAYS, WILLIAM W SR. <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1125 TUSKEGEE STREET
CITY-ST-ZIP	LEESBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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: _____ *Sony E. C. P.* **6/13/04** **(352) 787-8407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Time Phone #

66428516



MOORE CR2E037 (11/03)