

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

4/22/2004-90098-039-\$61.25-\$61.25

DOCUMENT # N96000005144

1. Entity Name

MT CALVARY COMMUNITY DEVELOPMENT CORPORATION
INC.



Principal Place of Business

272 1ST ST.
BELLE GLADE FL 33430

Mailing Address

P.O. BOX 341
BELLE GLADE FL 33430

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

65-0694578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMEL, LIONEL
8167 MYSTIC HARBOUR CIRCLE
BOYNTON BEACH FL 33436

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

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 PD
NAME CAMEL, LIONEL
STREET ADDRESS 8167 MYSTIC HARBOUR CIR.
CITY- ST- ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE SD
NAME RUMPH, BEATRICE
STREET ADDRESS 740 SW 10TH ST
CITY- ST- ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE TD
NAME KYLES, JOE
STREET ADDRESS 275 S.W. 9TH AVE
CITY- ST- ZIP SOUTH BAY FL 33430 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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
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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: LIONEL F. CAMEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2004

Date

561-261-9020

Daytime Phone #

FILED

04 JUN 10 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E037 (11/03)