

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005144

FILED
May 29, 2009
Secretary of State

Entity Name: MT CALVARY COMMUNITY DEVELOPMENT CORPORATION INC.

Current Principal Place of Business:

270 1ST ST.
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0694578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMEL, LIONEL
8167 MYSTIC HARBOUR CIRCLE
BOYNTON BEACH, FL 33436 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: PD () Delete
Name: CAMEL, LIONEL
Address: 8167 MYSTIC HARBOUR CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: RUMPH, BEATRICE
Address: 740 SW 10TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: KYLES, JOE
Address: 275 S.W. 9TH AVE
City-St-Zip: SOUTH BAY, FL 33430

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:

I hereby certify that the information supplied with this filing does not qualify 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: LIONEL F. CAMEL

PD

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date