

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000005144

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Entity Name:** MT CALVARY COMMUNITY DEVELOPMENT CORPORATION INC.

**Current Principal Place of Business:**

266 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 ( )**

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

CAMEL, LIONEL  
8167 MYSTIC HARBOR 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:** LIONEL F. CAMEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CAMEL, LIONEL  
**Address:** 8167 MYSTIC HARBOR CIR.  
**City-St-Zip:** BOYNTON BEACH, FL 33436

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LIONEL F. CAMEL

PD

10/15/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date