

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002917

1. Entity Name

MT. CALVARY MISSIONARY BAPTIST CHURCH OF OCALA

Principal Place of Business

5000 SW COLLEGE RD.
OCALA FL 34474

Mailing Address

5000 SW COLLEGE RD.
OCALA FL 34474

2. Principal Place of Business

MT. Calvary Baptist Church
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box
Suite, Apt. #, etc.

City & State

Ocala
34475

City & State

Ocala
34475

Country
Marion

Country
Marion

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, BENNIE
5000 SW COLLEGE RD.
OCALA FL 34474

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.

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
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, ROBERT PASTOR 5313 SE 102ND PLACE BELLEVUE FL 34420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LEAHMON, RICHARD 5400 S.W. 50TH CT. OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, DANIEL 9757 S.W. 94TH CT. OCALA FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, LAGUSTA 1790 S.W. 80TH AVE. OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, PAULA 1714 S.W. 3RD. STREET OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, ROSA 5000 SW COLLEGE RD. OCALA FL 34474	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ROSALIND DESOMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/00 854-3960
622-4592

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-13-2000 90019 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

Attachment Doc # N99000002917/107464



Non Profit Organization
(Church)

ID. No.

52-20-024168-55c