

2001 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

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 P ☐ Delete
NAME HAMILTON, ROBERT PASTOR
STREET ADDRESS 5313 SE 102ND PLACE
CITY-ST-ZIP BELLEVIEW FL 34420

TITLE CT ☐ Delete
NAME LEAHMON, RICHARD
STREET ADDRESS 5400 S.W. 50TH CT.
CITY-ST-ZIP OCALA FL 34474

TITLE T ☐ Delete
NAME ELLIOTT, DANIEL
STREET ADDRESS 9757 S.W. 94TH CT.
CITY-ST-ZIP OCALA FL 34481

TITLE T ☐ Delete
NAME GRAY, LAGUSTA
STREET ADDRESS 1790 S.W. 80TH AVE.
CITY-ST-ZIP OCALA FL 34482

TITLE S ☐ Delete
NAME WILLIAMS, PAULA
STREET ADDRESS 1714 S.W. 3RD. STREET
CITY-ST-ZIP OCALA FL 34474

TITLE T ☐ Delete
NAME NELSON, ROSA
STREET ADDRESS 5000 SW COLLEGE RD.
CITY-ST-ZIP OCALA FL 34474

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
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CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 028 ****61.25

0078805

CR2E037 (10/00)

352-854-3960

1-7-2001