2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002917

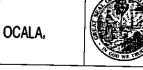
1. Entity Name



02-24-2003 90174 016 ****61.25

FILED

MT. CALVARY INC.	MISSIONARY BAPTIST CHURCH OF OCALA,



INC.		, chonon of coala,	,					
Principal P	lace of Business	Mailing Address	<u>_</u>		1			
5000 SW COLLEGE RD. OCALA FL 34474		5000 SW COLLEGE RD. OGALA FL 34474						
						Diad (Bari Boria Boria Goles do)	ii Ba iib ireia iela	E AP o ra P or a P aro s
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & S	tate	City & State			L	IOT APPLICABLE		Applied For
Zip	Country	Zip	Causta					Not Applicable
		. , ,	Country		5. Certificate of S	tatus Desired	\$8.75 A Fee Requi	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Add	tress of New Registers		
COOK	BENNIE		Na	me -	****		.5. 5	
	W COLLEGE RD.		Str	eet Address (F	D. Box Number is Not Acceptable)			
	FL 34474				-			
			City		,	-	7	
8. The above	re named entity submits this statement	for the number of the state of	I -		<u> </u>	F	Zip Co	
the oblig	re named entity submits this statement ations of registered agent.	or the purpose of changing its	registered offi	ce or registere	ed agent, or both, in	the State of Florida. I a	m familiar with	, and accept
SIGNAŢURE	Signature, typed or printed name of registered ager	t and title it applicable	. Designant design					
	35.	(NOTE	:: Hegistered Agent	signature required w	vhen reinstating)	DATE	<u> </u>	-
	FILE NOW: FEE IS \$61.25	9. Election Cam	npaign Financi	na (\$5.00	Maka Ch-	al- David I	
		Trust Fund Co		· - '	\$5.00 May Be Added to Fees	Florida Depa	ck Payable artment of	State
TITLE	OFFICERS AND D		11.	A	ODITIONS/CHANGI	S TO OFFICERS AND (DIRECTORS II	V 10
NAME	LEAHMON, RICHARD	☐ Delete	TITLE NAME	Er	restine	L. Porter 21 St St. 74 344	_ ☐ Change	Addition
STREET ADDRESS	5400 S.W. 50TH CT.		STREET ADDR	ESS / /	ien F	DISTAL		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP	/ 6	cala	71 3447	28	
TITLE NAME	GRAY, LAGUSTA	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	1790 S.W. 80TH AVE.		NAME STREET ADDRE	ree				_ ,
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	333				
TITLE	S	☐ Delete	TITLE		- 7		☐ Change	Addition
NAME STREET ADDRESS	WILLIAMS, PAULA		NAME				onange	C Addition
CITY-ST-ZIP	1714 S.W. 3RD. STREET OCALA FL 34474		STREET ADDRE		× ,			ı
TITLE	T	☐ Delete	TITLE	-		<u> </u>		<u>_</u> _
NAME	NELSON, ROSA		NAME	}			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5000 SW COLLEGE RD.		STREET ADDRE	ss				
TITLE	OCALA FL 34474		CITY-ST-ZiP					
NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRES	ss				. j
CITY-ST-ZIP			CITY-ST-ZIP	Ш			•	
itle Iame		☐ Delete	TITLE			<u> </u>	☐ Change	☐ Addition
TREET ADDRESS			NAME				·	
I			STREET ADDRES	۱۰ ا				1

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /