

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004356

FILED
Apr 29, 2008
Secretary of State

Entity Name: MT. CALVARY CDC, INC.

Current Principal Place of Business:

17500 SW 103RD AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

MT CALVARY CDC, INC.
PO BOX 570208
MIAMI, FL 332570208

New Mailing Address:

MT CALVARY CDC, INC.
PO BOX 570208
MIAMI, FL 332570208 US

FEI Number: 65-0935851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUMBS, EDITH
10740 SW 222 DRIVE
GOULDS, FL 33170 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: S () Delete
Name: EMARD, PATRICIA
Address: 18148 SW 151ST AVENUE
City-St-Zip: MIAMI, FL 331876801

Title: D () Delete
Name: FERGUSON, PRINCE
Address: 10451 SW 177TH ST.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SMITH, REGINA
Address: 15520 SW 104 AVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: FERGUSON, SYNTHIEST
Address: 10451 SW 177 STREET
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: SCOTT, MELISSA
Address: 11120 SW 179TH STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: MILLS, RENEE V
Address: 10055 SW 214TH STREET
City-St-Zip: MIAMI, FL 33189

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:

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: MELISSA SCOTT

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date