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: JAMES LEVERETT D TR PASTOR 04/13/2023

SIGNATURE: JAMES LEVERETT

LAKELAND FL 33810

JONES. FANNIE M

1205 VALENCIA

City-State-Zip: HAINES CITY FL 33844

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N18000009403

Entity Name: MT. CALVARY MISSIONARY BAPTIST CHURCH, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

104 WEST FULLER STREET DAVENPORT, FL 33837

Current Mailing Address:

104 WEST FULLER STREET DAVENPORT, FL 33837 US

FEI Number: 36-4911346

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WALLS, CAROLYN E 112 WEST FULLER STREET DAVENPORT, FL 33837 US

Date

Certificate of Status Desired: No

WINTERHAVEN FL 33880

City-State-Zip:

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:

City-State-Zip:

Т

Title

Name

Address

Officer/Director Detail :			
Title	DIRECTOR, TRUSTEE, PASTOR	Title	PRESIDENT
Name	LEVERETT, JAMES E	Name	WALLS, ARCHIE L SR.
Address	1724 HAGGERTY RD	Address	2067 9TH LANE NORTH EAST
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	WINTER HAVEN FL 33880
Title	VP	Title	CLERK
Name	LEVERETT, JONAH E	Name	WALLS, CAROLYN E
Address	4240 SUMMER LANDING DR	Address	200 AVENUE K SOUTH EAST

04/13/2023 Date