

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009403

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

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR, TRUSTEE, PASTOR  
Name LEVERETT, JAMES E  
Address 1724 HAGGERTY RD  
City-State-Zip: PLANT CITY FL 33565

Title PRESIDENT  
Name WALLS, ARCHIE L SR.  
Address 2067 9TH LANE NORTH EAST  
City-State-Zip: WINTER HAVEN FL 33880

Title VP  
Name LEVERETT, JONAH E  
Address 4240 SUMMER LANDING DR  
City-State-Zip: LAKELAND FL 33810

Title CLERK  
Name WALLS, CAROLYN E  
Address 200 AVENUE K SOUTH EAST  
City-State-Zip: WINTERHAVEN FL 33880

Title T  
Name JONES, FANNIE M  
Address 1205 VALENCIA  
City-State-Zip: HAINES CITY FL 33844

*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**

**DIRECTOR, TRUSTEE,  
PASTOR**

**07/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date