# 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: CHARLENE P PRESSLEY

Electronic Signature of Signing Officer/Director Detail

FINANCIAL SECRETARY 03/20/2022

Certificate of Status Desired: No

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                 | E: TONY C PERSON SR                      |                 |                      | 03/20/2022 |
|---------------------------|--|-----------------|----------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                      | Date       |
| Officer/Director Detail : |  |                 |                      |            |
| Title                     | FINANCIAL SECRETARY                      | Title           | TREASURER            |            |
| Name                      | PRESSLEY, CHARLENE P                     | Name            | WILLIAMS, OLIVER     |            |
| Address                   | 1012 E LINE STREET                       | Address         | 4841 GLEN COE ST     |            |
| City-State-Zip:           | LEESBURG FL 34748                        | City-State-Zip: | LEESBURG FL 34748    |            |
| Title                     | DEACON                                   | Title           | DEACON               |            |
| Name                      | GIVENS, RAYMOND                          | Name            | CHATMAN, LEONARD     |            |
| Address                   | 1017 OAK DR                              | Address         | 2001 ANGEL FISH LOOP |            |
| City-State-Zip:           | LEESBURG FL 34748                        | City-State-Zip: | LEESBURG FL 34748    |            |
| Title                     | PASTOR                                   | Title           | CHURCH CLERK         |            |
| Name                      | PERSON, TONY C SR.                       | Name            | DELEE, TAMIKA D      |            |
| Address                   | 1012 E LINE STREET                       | Address         | 1012 E LINE STREET   |            |
| City-State-Zip:           | LEESBURG FL 34748                        | City-State-Zip: | LEESBURG FL 34748    |            |

### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600003606

**Entity Name:** MOUNT CALVARY BAPTIST CHURCH OF LEESBURG, FLORIDA, INC.

Current Principal Place of Business:

1012 E LINE STREET LEESBURG, FL 34748

# **Current Mailing Address:**

1012 E LINE STREET LEESBURG, FL 34748 US

## FEI Number: 59-3389705

### Name and Address of Current Registered Agent:

PERSON, TONY C SR. 1012 E LINE STREET LEESBURG, FL 34748 US

Date