

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723581

FILED
Apr 29, 2009
Secretary of State

Entity Name: MT. CALVARY COMMUNITY FAITH CHURCH, INC.

Current Principal Place of Business:

755 NW 2ND ST
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

830 NW 2ND ST
FLORIDA CITY, FL 330343115 US

New Mailing Address:

FEI Number: 59-1732672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEMMINGER, JOE
830 NW 2ND ST
FLORIDA CITY, FL 330343115 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: PD () Delete
Name: MEMMINGER, JOE PASTOR
Address: 830 NW 2ND ST
City-St-Zip: FLORIDA CITY, FL 330343115

Title: T () Delete
Name: MITCHELL, MAXINE
Address: 535 NW 3RD ST
City-St-Zip: FLORIDA CITY, FL 330340026

Title: S () Delete
Name: MOORE, TAMELYA
Address: 30220 SW 158TH AVE
City-St-Zip: LEISURE CITY, FL 33033

Title: D () Delete
Name: DIXON, EDDIE G.
Address: 755 N.W. 12TH ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: MITCHELL, LIZZIE M.
Address: 535 NW 3RD ST.
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD () Delete
Name: MEMMINGER, CLAUDIA
Address: 830 NW 2ND ST
City-St-Zip: FLORIDA CITY, FL 330343115

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
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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: JOE MEMMINGER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date