

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 754348 1. Entity Name MOUNT CALVARY NATIONAL CHURCH OF GOD, INC.	
---	---

Principal Place of Business 17500 SW 103 AVE PERRINE, FL 33157	Mailing Address P.O. BOX 570208 PERRINE, FL 33157
--	---



03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 26-1605381	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LIVINGSTON, ROLLE 14291 POLK STREET MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

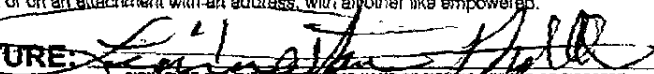
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000475313
04/05/06-80010-016 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, SYNTHIST 10451 SW 177TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, MELISSA 11120 SW 179TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, DAVID 2830 STRICKLAND BRIDGE ROAD FAYETTEVILLE, NC 28306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, OSBORNE L 100 PARKER COURT FORT BRAGG, NC 28307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROLLE, GRACE 14291 POLK STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, PRINCE 10451 SW 177 STREET MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____