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	Mailing Address
17500 SW 103 AVE PERRINE, FL 33157	P.O. BOX 570208 PERRINE, FL 33157

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

LIVINGSTON, ROLLE
14291 POLK STREET
MIAMI, FL 33176

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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 reinstating) 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	D
NAME	FERGUSON, SYNTHEIST
STREET ADDRESS	10451 SW 177TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SCOTT, MELISSA
STREET ADDRESS	11120 SW 179TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MCNEIL, DAVID
STREET ADDRESS	2630 STRICKLAND BRIDGE ROAD
CITY-ST-ZIP	FAYETTEVILLE, NC 28306
TITLE	VPD
NAME	FERGUSON, OSBORNE L
STREET ADDRESS	100 PARKER COURT
CITY-ST-ZIP	FORT BRAGG, NC 28307
TITLE	STD
NAME	ROLLE, GRACE
STREET ADDRESS	14291 POLK STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	FERGUSON, PRINCE
STREET ADDRESS	10451 SW 177 STREET
CITY-ST-ZIP	MIAMI, FL 33157

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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 #