

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004932

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOUNT CALVARY TRUE HOLINESS CHURCH, INC.

Current Principal Place of Business:

1006 MAC ARUTHUR AVE.
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 96
EBRO, FL 32437 US

New Mailing Address:

612 MAPLE AVE.
PANAMA CITY, FL 32401 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICHARDO, DOROTHY A
3395 COOK CIRCLE
VERNON, FL 32462 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: D () Delete
Name: JENKINS, RICHARD SR.
Address: P.O. BOX 96 4800 HAPPY HILL RD.
City-St-Zip: EBRO, FL 32437

Title: D () Delete
Name: JENKINS, RICHARD JR.
Address: 1216 ARKANSAS AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: PICHARDO, DOROTHY A
Address: 3395 COOK CIRCLE
City-St-Zip: VERNON, FL 32462

Title: T () Delete
Name: MARTIN, MARION
Address: 612 MAPLE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: JENKINS, ELLA R
Address: P.O. BOX 96 4800 HAPPY HILL RD.
City-St-Zip: EBRO, FL 32437

Title: T () Delete
Name: DAVIS, ANNIE R
Address: P.O. BOX 96 4800 HAPPY HILL RD.
City-St-Zip: EBRO, FL 32437

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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City-St-Zip:

Title: () Change () Addition
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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: DOROTHY PICHARDO

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date