

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004970

FILED
Sep 09, 2003
Secretary of State

Entity Name: MOUNT CALVARY EAGLE MINISTRIES, INC.

Current Principal Place of Business:

2906 JUANITA AVE.
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2906 JUANITA AVE.
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARMAN, GUY
4747 HOLLYWOOD BLVD., #274
HOLLYWOOD, FL 33021 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: HILLS, JOHNNIE L SR.
Address: 2906 JUANITA AVE.
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: HILLS, CAROLYN L
Address: 2906 JUANITA AVE.
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: PALMER, SANDRA
Address: 3700 AVE. L
City-St-Zip: FT. PIERCE, FL 34983

Title: D () Delete
Name: ECKLES, BOOKER T
Address: 5008 ELNUEVA AVE.
City-St-Zip: FT. PIERCE, FL 34946

Title: D () Delete
Name: WILSON, TOM
Address: 1402 37TH ST.
City-St-Zip: FT. PIERCE, FL 34983

Title: D () Delete
Name: FULLER, ISABELA
Address: 2802 AVE P
City-St-Zip: FT. PIERCE, FL 34946

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
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: JOHNNIE L HILLS

D

09/09/2003

Electronic Signature of Signing Officer or Director

Date