



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003117 1. Entity Name MOUNT CALVARY HOLINESS CHURCH OF TALLAHASSEE, INC.						FILED 04 APR 30 PM 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 611 E MAGNOLIA DR TALLAHASSEE, FL 32301				Mailing Address 611 E MAGNOLIA DR TALLAHASSEE, FL 32301				
2. Principal Place of Business		3. Mailing Address				04082004 Chg-NP CR2E037 (10/03)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number 58-2669474				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COOPER, YVONNE 910 COBLE DR TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME	P COOPER, YVONNE <input type="checkbox"/> Delete			TITLE NAME	900035733199 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/07/04--01019--004 **\$61.25			
STREET ADDRESS CITY-ST-ZIP	910 COBLE DR TALLAHASSEE, FL 32301			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Pastor Yvonne Cooper</i> Pastor Yvonne Cooper 922-0445 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								

4-26-04