

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004345

FILED
Jul 19, 2004
Secretary of State**Entity Name:** MT. CALVARY CHURCH OF GOD IN CHRIST RESTORATION MINISTRIES, INC.**Current Principal Place of Business:**2813 ASH TERRACE
P.O. BOX 499
MIMS, FL 32754**New Principal Place of Business:****Current Mailing Address:**2813 ASH TERRACE
P.O. BOX 499
MIMS, FL 32754**New Mailing Address:****FEI Number:** 55-0837654**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SALTER, GARY L SR.
2813 ASH TERRACE
MIMS, FL 32754 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:** PD () Delete
Name: SALTER, GARY L SR.
Address: 4300 LANTERN DRIVE
City-St-Zip: TITUSVILLE, FL 32796**Title:** VD () Delete
Name: SALTER, GENEVIEVE L
Address: 4300 LANTERN DRIVE
City-St-Zip: TITUSVILLE, FL 32796**Title:** TD () Delete
Name: WOODS, LILLIAN G
Address: PO BOX 728
City-St-Zip: MIMS, FL 32754**Title:** TD () Delete
Name: PATTERSON, ALVIN E JR.
Address: PO BOX 1051
City-St-Zip: MIMS, FL 32754**Title:** SD (X) Delete
Name: PATTERSON, YOLANDA R
Address: PO BOX 1051
City-St-Zip: MIMS, FL 32754**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:** TD (X) Change () Addition
Name: SALTER, TAMMY
Address: 955 GRANT RD
City-St-Zip: TITUSVILLE, FL 32780**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: TAMMY SALTER

TD

07/19/2004

Electronic Signature of Signing Officer or Director

Date