

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004345

FILED  
Jul 23, 2007  
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:**

2813 ASH TERRACE  
MIMS, FL 32754

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SALTER, TAMMY R  
2813 ASH TERRACE  
MIMS, FL 32754    US

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: 580 N CARPENTER RD  
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: SALTER, TAMMY  
Address: 955 GRANT RD  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD      ( ) Delete  
Name: SALTER, GEREYMY L  
Address: 580 N CARPENTER RD  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC      (X) Change ( ) Addition  
Name: BAUX, STEPHANIE  
Address: PO BOX 499  
City-St-Zip: MIMS, FL 32754

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 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: TAMMY R SALTER

TD

07/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date