

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004345

FILED
Sep 05, 2008
Secretary of State

Entity Name: MT. CALVARY CHURCH OF GOD IN CHRIST RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

2813 ASH TERRACE
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 ()**
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: SEC () Delete
Name: BAUX, STEPHANIE
Address: PO BOX 499
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: () 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 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

09/05/2008

Electronic Signature of Signing Officer or Director

Date