2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N08000000952

Entity Name: MOUNT CALVARY PENTECOSTAL LOVING CHURCH INC

Current Principal Place of Business:

420 OLIVE AVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

420 OLIVE AVE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 26-1938541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAMES, NIGEL O
420 OLIVE AVENUE
TITUSVILLE, FL 32796 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:	P	( ) Delete
Name:	JAMES, NIGEL O	
Address:	420 OLIVE AVENUE	
City-St-Zip:	TITUSVILLE, FL 32796 US	
Title:	VP	( ) Delete
Name:	JAMES, MURPHY	
Address:	420 OLIVE AVENUE	
City-St-Zip:	TITUSVILLE, FL 32796 US	
Title:	D	( ) Delete
Name:	GLOVER, EVA	
Address:	504 NORTH CAROLINA AVENUE	
City-St-Zip:	COCOA, FL 32922 US	
Title:	DT	( ) Delete
Name:	MARGUARDT, MELINDA	
Address:	604 PROSPECT AVENUE	
City-St-Zip:	COCOA, FL 32922 US	
Title:	D	( ) Delete
Name:	JAMES, MAUDE	
Address:	420 OLIVE AVENUE	
City-St-Zip:	TITUSVILLE, FL 32796 US	
Title:	DS	( ) Delete
Name:	JAMES, JESSIE	
Address:	308 SOUTH GRANNIS AVENUE	
City-St-Zip:	TITUSVILLE, FL 32796 US	

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:	D	(X) Change ( ) Addition
Name:	MARGUARDT, MELINDA	
Address:	604 PROSPECT AVENUE	
City-St-Zip:	COCOA, FL 32922 US	
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: NIGEL JAMES P 01/07/2009
Electronic Signature of Signing Officer or Director — Date