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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29821

1. Corporation Name

MT. CALVARY PENTECOSTAL ASSEMBLY, INC.

Principal Place of Business

715 MASON AVENUE
DAYTONA BEACH FL 32114
US

Mailing Address

P.O. BOX 9358
DAYTONA BEACH FL 32120
US

160956 90072 543 6 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/21/1988

4. FEI Number

59-2951361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, ALICE
1111 BARBAR DR.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

P
POTTER, WILL
702 VISTA VIEW CIRCLE
PORT ORANGE FL 32127

TITLE NAME DELETE

D
POTTER, DIANA
702 VISTA VIEW CIRCLE
PORT ORANGE FL 32127

TITLE NAME DELETE

D
KELLY, VANESSA
203 TRACY DRIVE
PORT ORANGE FL 32126

TITLE NAME DELETE

D
BROWN, BETTY
101 BILL FRANE, APT 21
DAYTONA BEACH FL 32114

TITLE NAME DELETE

D
OFIDE, TYRONE
217 FLORIDA DRIVE
PORT ORANGE FL 32128

TITLE NAME DELETE

D
LAING, JESSICA
11063 MONTICELLO LANE
PORT ORANGE FL 32119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LA
POTTER, JESSICA
11063 MONTICELLO LANE
PORT ORANGE, FL 32119

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

904/239-6198
Daytime Phone #

CR2E037 (1/198)