

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90035 004 \*\*\*\*61.25

**DOCUMENT # N29821**

1. Entity Name

**MT. CALVARY PENTECOSTAL ASSEMBLY, INC.**

Principal Place of Business

Mailing Address

715 MASON AVENUE  
 DAYTONA BEACH FL 32114  
 US

P.O. BOX 9358  
 DAYTONA BEACH FL 32120-9358  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2951361**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, ALICE**  
**1111 BARBAR DR.**  
**DAYTONA BEACH FL 32114**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEI IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POTTER, WILL</b>	
STREET ADDRESS	<b>702 VISTA VIEW CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POTTER, DIANA</b>	
STREET ADDRESS	<b>702 VISTA VIEW CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, VANESSA</b>	
STREET ADDRESS	<b>203 TRACY DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32126</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, BETTY</b>	
STREET ADDRESS	<b>101 BILL FRANE, APT 21</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OFIDE, TYRONE</b>	
STREET ADDRESS	<b>217 FLORIDA DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POTTER, JESSICA</b>	
STREET ADDRESS	<b>11063 MONTICELLO LANE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

3/6/00 904 255 8654

CR2E037 (9/99)