

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90500 038 ****70.00

DOCUMENT # N29821

1. Entity Name

MT. CALVARY PENTECOSTAL ASSEMBLY, INC.

Principal Place of Business

715 MASON AVENUE
 DAYTONA BEACH FL 32114
 US

Mailing Address

700 BELLEVUE AVE
DAYTONA BEACH
FL
32114
 P.O. BOX 9358
 DAYTONA BEACH FL 32114
 US

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.

(NOT Registered Agent signature required when reinstating)

DATE

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

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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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: *S. Potter* **5/20/01 386255-8654**

CR2E037 (10/00)