

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90059 047 \*\*\*\*70.00

**DOCUMENT # N29821**

1. Entity Name

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

Principal Place of Business

Mailing Address

**700 BELLEVUE AVE.  
 DAYTONA BEACH FL 32114  
 US**

**P.O. BOX 9358  
 DAYTONA BEACH FL 32120  
 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 **1111 Barbra Dr (Alice Thompson)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Daytona Beach FL**  
 City **FL** Zip Code **32117**

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 **Alice Thompson**

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

(NOTE: Registered Agent signature required when reinstating)

**Alice Thompson**  
 DATE **1/15/02**

**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	<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
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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: **Alice Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02**  
 Date

**386 2558054**  
 Daytime Phone #

CR2E037 (9/01)