


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90007 044 \*\*\*\*70.00

DOCUMENT # N29821 1. Entity Name MT. CALVARY PENTECOSTAL ASSEMBLY, INC.	
---	---

Principal Place of Business 700 BELLEVUE AVE. DAYTONA BEACH, FL 32114 US	Mailing Address P.O. BOX 9358 DAYTONA BEACH, FL 32120 US
--	--

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-NP CR2E037 (10/03) 70<sup>00</sup>

4. FEI Number 59-2951361	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, ALICE  
1111 BARBRA DR.  
DAYTONA BEACH, FL 32114

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE 1/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTER, WILL 702 VISTA VIEW CIRCLE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, DIANA 702 VISTA VIEW CIRCLE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, VANESSA 203 TRACY DRIVE PORT ORANGE, FL 32126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BETTY 104 BILL FRANK APT 21 DAYTONA BEACH, FL 32114 <i>1081 Hampton Rd Daytona Beach, FL 32114</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFIDE, TYRONE 217 FLORIDA DRIVE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, JESSICA James 14063 MONTICELLO LANE PORT ORANGE, FL 32119 <i>105 Tropic Bird Court Daytona Beach, FL 32119</i>

**DO NOT WRITE IN THIS SPACE**

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] DATE: 1/27/04 DAYTIME PHONE #: 386 255 86

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR