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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 049 ****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
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20040052



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2951361	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, ALICE 1111 BARBRA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, WILL			NAME			
STREET ADDRESS	702 VISTA VIEW CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, DIANA			NAME			
STREET ADDRESS	702 VISTA VIEW CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, VANESSA			NAME			
STREET ADDRESS	203 TRACY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32126			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BETTY			NAME			
STREET ADDRESS	1081 HAMPTON RD.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OFIDE, TYRONE			NAME	Bernard James		
STREET ADDRESS	217 FLORIDA DRIVE <i>Delete</i>			STREET ADDRESS	105 Tropic Bird Ct		
CITY-ST-ZIP	PORT ORANGE, FL 32128			CITY-ST-ZIP	Port Orange FL 32119		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, JESSICA			NAME	Jessica James		
STREET ADDRESS	105 TROPIC BIRD CT.			STREET ADDRESS	105 Tropic Bird Ct		
CITY-ST-ZIP	PORT ORANGE, FL 32119			CITY-ST-ZIP	Port Orange FL 32119		

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:  **4/19/05** **386 258 0456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #