


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06 JAN 18 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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01062006 No Chg-NP CR2E037 (11/05) *06*

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POTTER, WILL
STREET ADDRESS	702 VISTA VIEW CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	POTTER, DIANA
STREET ADDRESS	702 VISTA VIEW CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	KELLY, VANESSA
STREET ADDRESS	203 TRACY DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32126
TITLE	D
NAME	BROWN, BETTY
STREET ADDRESS	1081 HAMPTON RD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	M
NAME	JAMES, BERNARD
STREET ADDRESS	105 TROPIC BIRD CT
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	S
NAME	JAMES, JESSICA
STREET ADDRESS	105 TROPIC BIRD CT.
CITY-ST-ZIP	PORT ORANGE, FL 32119

800065196748

02/06/06--01018--009 *\$61.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/18/2005 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR