

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2007
Secretary of State**

DOCUMENT# N29821

Entity Name: MT. CALVARY PENTECOSTAL ASSEMBLY, INC.

Current Principal Place of Business:

700 BELLEVUE AVE.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9358
DAYTONA BEACH, FL 32120 US

New Mailing Address:

FEI Number: 59-2951361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POTTER, WILL
Address: 702 VISTA VIEW CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: POTTER, DIANA
Address: 702 VISTA VIEW CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: KELLY, VANESSA
Address: 203 TRACY DRIVE
City-St-Zip: PORT ORANGE, FL 32126

Title: D () Delete
Name: BROWN, BETTY
Address: 1081 HAMPTON RD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: M () Delete
Name: JAMES, BERNARD
Address: 105 TROPIC BIRD CT
City-St-Zip: PORT ORANGE, FL 32119

Title: S () Delete
Name: JAMES, JESSICA
Address: 105 TROPIC BIRD CT.
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE POTTER

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date