

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90059 013 \*\*\*\*61.25

**DOCUMENT # N36054**

1. Entity Name

**MOUNT CALVARY FREE WILL BAPTIST CHURCH, INC.**



Principal Place of Business

710 W CINCINNATI  
DELAND FL 32720-7210

Mailing Address

% CLARENCE C. DAVENPORT  
710 W CINCINNATI AVE  
DELAND FL 32720-7210

2. Principal Place of Business

710 W Cincinnati Ave  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

6. Name and Address of Current Registered Agent

DAVENPORT, CLARENCE C.  
710 W CINCINNATI AVE  
DELAND FL

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, WILLIE L.	
STREET ADDRESS	336 W EUCLID AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, CLARENCE C.	
STREET ADDRESS	903 S ADELLE AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, JEROME	
STREET ADDRESS	803 S CLARA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAINE, GEORGE	
STREET ADDRESS	1075 E WISCONSIN AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHLEY, DARCELL T	
STREET ADDRESS	525 W EUCLID AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05 Chairman/Trustee

Date

Daytime Phone #