

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 002 ****61.25

DOCUMENT # N36054



1. Entity Name

MOUNT CALVARY FREE WILL BAPTIST CHURCH, INC.

Principal Place of Business

710 W CINCINNATI AVE
DELAND FL 32720-7210

Mailing Address

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

4. FEI Number

59-2986730

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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, 2006

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 ☐ Delete
NAME BRIGHT, WILLIE L.
STREET ADDRESS 336 W EUCLID AVE
CITY-ST-ZIP DELAND FL

TITLE ☐ Delete
NAME DAVENPORT, CLARENCE C.
STREET ADDRESS 903 S ADELLE AVE
CITY-ST-ZIP DELAND FL

TITLE ☐ Delete
NAME HILL, JEROME
STREET ADDRESS 803 S CLARA AVE
CITY-ST-ZIP DELAND FL

TITLE ☐ Delete
NAME CAINE, GEORGE
STREET ADDRESS 1075 E WISCONSIN AVE
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Delete
NAME ASHLEY, DARCELL T
STREET ADDRESS 525 W EUCLID AVE
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clarence C. Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/06

Date

Daytime Phone #