


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90049 011 ****70.00

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	

40038000



03252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2986730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVENPORT, CLARENCE C.
710 W CINCINNATI AVE
DELAND, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Clarence C. Davenport

04-01-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, WILLIE L. 336 W EUCLID AVE DELAND, FL	<i>Willie L. Bright</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, CLARENCE C. 903 S ADELLE AVE DELAND, FL	<i>Clarence C. Davenport</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JEROME 803 S CLARA AVE DELAND, FL	<i>Jerome Hill</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAINE, GEORGE 1075 E WISCONSIN AVE DELAND, FL 32724	<i>George P. Caine</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, DARCELL T 525 W EUCLID AVE DELAND, FL 32720	<i>George P. Caine</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
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:

Clarence C. Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-07

Date

386-740-0477

Daytime Phone #