

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 031 ****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**

40001394



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2986730	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 Caine</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, DARCELL T 525 W EUCLID AVE DELAND, FL 32720	<i>Darrell T. Ashley</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

Date *1-6-08* Daytime Phone #