


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90250 019 ****61.25

0010437

*NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000004905

1. Corporation Name

MT. CALVARY HOLINESS CHURCH, INCORPORATED

Principal Place of Business

1320 HIGHWAY 2. EAST
 GRACEVILLE FL 32440

Mailing Address

P.O. BOX 406
 GRACEVILLE FL 32440



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

08/28/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3380021

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BIGHAM, JAMES M
5485 PELHAM CT.
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	BIGHAM, JAMES M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5485 PELHAM CT	GRACEVILLE FL 32440	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
D	WYNN, RANDALL J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1935 PINWOOD RD	CAMPBELLTON FL 32426	2.1 TITLE	2.2 NAME
<input checked="" type="checkbox"/> DELETE		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		D	BERNARD HAIRSTON
		2854 MT. ZION ROAD	COTTONWOOD, ALABAMA 36320
D	WATFORD, JOSEPH J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5492 GARNER ST	GRACEVILLE FL 32440	3.1 TITLE	3.2 NAME
<input checked="" type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		D	Rowe G. Mitchell
		1025 PATTERSON CIRCLE	GRACEVILLE, FLORIDA 32440
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Bigham DATE: 1-22-99 (850) 263-0126

CR2E037 (1/98)