


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004905
1. Entity 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



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3380021

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIGHAM, JAMES M
5485 PELHAM CT.
GRACEVILLE, FL 32440

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: James M. Bigham DATE: 03-23-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000112841
04/14/04-80035-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BIGHAM, JAMES M 5485 PELHAM CT GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAIRSTON, BERNARD 5939 SELLERS ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, ROWE G 5170 PEANUT ROAD GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: James M. Bigham James M. Bigham 03-23-04 850-363-8517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #