2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004905

1. Entity Name
MT. CALVARY HOLINESS CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1320 HIGHWAY 2, EAST GRACEVILLE, FL 32440	P.O. BOX 406 GRACEVILLE, FL 32440

DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

000000201016
01/28/05-80049-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIGHEM, JAMES M
STREET ADDRESS	5485 PELHAM CT
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	D
NAME	HAIRSTON, BERNARD
STREET ADDRESS	5939 SELLERS ROAD
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	MITCHELL, ROWE G
STREET ADDRESS	5170 PEANUT ROAD
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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. Bighem James M. Bighem 01-24-05 850-263-8517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #