

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3380021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$81.25
Due by September 12, 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	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	M SOREY, LAYMON SILLS RD CAMPBELLTON, FL 32428
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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09/09/08-80002-015 61.25

**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: James M Bigham James M Bigham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-03-2008

Date

850-263-2810

Daytime Phone #