

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 25, 2009
Secretary of State**

DOCUMENT# N97000004905

Entity Name: MT. CALVARY HOLINESS CHURCH, INCORPORATED

Current Principal Place of Business:

1320 HIGHWAY 2, EAST
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 406
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3380021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BIGHAM, JAMES M
Address: 5485 PELHAM CT
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: HAIRSTON, BERNARD
Address: 5939 SELLERS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: M () Delete
Name: SOREY, LAYMON
Address: SILLS RD
City-St-Zip: CAMPBELLTON, FL 32426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. BIGHAM

DP

01/25/2009

Electronic Signature of Signing Officer or Director

_____ Date