

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000248

FILED
Apr 20, 2009
Secretary of State

Entity Name: MT. CALVARY BAPTIST CHURCH OF PALM COAST, INC.

Current Principal Place of Business:

75 PINES LAKES PARKWAY, SOUTH
A9
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

PO BOX 354651
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3500502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMPSON, CLAY E JR
75 PINES LAKES PARKWAY, SOUTH
PALM COAST, FL 32164 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: D () Delete
Name: MURRAY, JOHN
Address: 815 WESTLAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MOORMAN, HOLSEY
Address: 56 BROOKSIDE LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SIMPSON, CLAY E JR
Address: 58 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BUTLER, CLARA
Address: 5 BARRING PLACE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: ROYAL, NATHANIEL
Address: 2 BURNLEY PLACE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: FREEMAN, JAMES
Address: 31 ELDER DRIVE
City-St-Zip: PALM COAST, FL 32164

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:

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

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

Title: D (X) Change () Addition
Name: MCLAURIN, ARTHUR
Address: 223 WELLINGTON DRIVE
City-St-Zip: PALM COAST, FL 32164

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: CLAY E. SIMPSON, JR

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date