2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N99000002368

Entity Name: MOUNT CALVARY DELIVERANCE CHURCH INC.

Current Principal Place of Business:

1509 E. MARTIN LUTHER KING BLVD.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

1509 E. MARTIN LUTHER KING BLVD.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3571368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMILING, MICHAEL REV.
5808 TOWN AND COUNTRY BLVD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

SMILING, MICHAEL REV.
5202 GORHAM COURT
TAMPA, FL 33624 US

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: _____ 03/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMILING, MICHAEL REV
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: SMILING, DAWN REV
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: T ( ) Delete
Name: LOPEZ, CARMEN EVANG.
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: D/T (X) Delete
Name: SHAW, TERRENCE ELDER
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: C/T ( ) Delete
Name: LOPEZ, JOSE DEACON
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: D/T (X) Delete
Name: SHAW, CATHERINE DEACON
Address: 1509 EAST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

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: ( ) 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: MICHAEL SMILING O/D 03/17/2009
Electronic Signature of Signing Officer or Director — Date