2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-21-2006 90018 004 ****61.25

DOCUMENT # N99000005929

1. Entity Name
CALVARY HILL PENTECOSTAL CHURCH, INC.

Principal Place of Business	Mailing Address
3652 ROCHE AVE. VERNON, FL. 32462	PO BOX 629 VERNON, FL 32462

03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3389969
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, MACON T
2620 PARRISH STILL ROAD
VERNON, FL 32462

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 _____ 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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVENS, DON
STREET ADDRESS	4173 DOUGLAS FERRY ROAD
CITY-ST-ZIP	CARYVILLE, FL 32427
TITLE	D
NAME	BROCK, TRAVIS
STREET ADDRESS	3214 AMANDA WAY
CITY-ST-ZIP	VERNON, FL 32462
TITLE	D
NAME	HALL, WILLIAM
STREET ADDRESS	3216 BOONE DR
CITY-ST-ZIP	VERNON, FL 32462
TITLE	D
NAME	HADDOCK, ROBERT C
STREET ADDRESS	1667 MOCKINGBIRD LN
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	SMITH, STEVE
STREET ADDRESS	PO BOX 207
CITY-ST-ZIP	VERNON, FL 32462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Macon T. Bush 4-2-06 850 535 0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #