

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000005929

1. Entity Name

CALVARY HILL PENTECOSTAL CHURCH, INC.



Principal Place of Business

3652 ROCHE AVE.
VERNON, FL 32462

Mailing Address

PO BOX 629
VERNON, FL 32462

FILED
Apr 04, 2008 08:00 A
Secretary of State



03182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3389969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

MACON T Bush

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

MACON T. Bush

(NOTE: Registered Agent signature required when reinstating)

3-18-2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 HALLFORN, RAYMOND D
STREET ADDRESS 386 HIGHWAY 20 EAST
CITY-ST-ZIP SOUTHPORT, FL 32462

TITLE D
NAME VAUGHN, WILLIE F
STREET ADDRESS 1630 RIVER RD
CITY-ST-ZIP CARYVILLE, FL 32427

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**

U00000981622
04/16/08-80008-009 61.25

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*

MACON T. Bush

3-18-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #