

# 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

09 MAY 13 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03182008 Chg-NP CR2E037 (12/08)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LEVENS, DON  
STREET ADDRESS 4173 DOUGLAS FERRY ROAD  
CITY-ST-ZIP CARYVILLE, FL 32427

TITLE D ☐ Delete  
NAME BROCK, TRAVIS  
STREET ADDRESS 3214 AMANDA WAY  
CITY-ST-ZIP VERNON, FL 32462

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

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

TITLE D ☐ Delete  
NAME SMITH, STEVE  
STREET ADDRESS PO BOX 207  
CITY-ST-ZIP VERNON, FL 32462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300155898613  
CITY-ST-ZIP 05/13/09--01034--003 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME JOHN S LOUIS D  
STREET ADDRESS 2855 BONNETT POND RD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #