

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000733

Entity Name: MOUNT CALVARY TRUE HOLINESS CHURCH, INC #2**Current Principal Place of Business:**2241 TILLER ROAD
CHIPLEY, FL 32428**Current Mailing Address:**PO BOX 116
WAUSAU, FL 32463 US**FEI Number: 46-4772787****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICHARDO, DOROTHY A
3395 COOK CIRCLE
VERNON, FL 32462 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JENKINS, RICHARD JR.
Address	1216 ARKANSAS AVE.
City-State-Zip:	LYNN HAVEN FL 32444

Title	S,T
Name	PICHARDO, DOROTHY A
Address	3395 COOK CIRCLE
City-State-Zip:	VERNON FL 32462

Title	BM
Name	JENKINS, ELLA R
Address	P O BOX 96 4800 HAPPY HILL RD
City-State-Zip:	EBRO FL 32437

Title	BM
Name	DOUGLAS, LORENE
Address	4810 HAPPY HILL RD.
City-State-Zip:	EBRO FL 32437

Title	BM
Name	HUDSON, SHIRLEY
Address	2051 LISEBY AVE. APT. C-9
City-State-Zip:	PANAMA CITY FL 32405

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY A PICHARDO**SECRETARY****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date