

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90051 037 \*\*\*\*61.25

**DOCUMENT # 713563**  
1. Entity Name  
**CALVARY BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
631 S. DILLARD STREET 631 S. DILLARD STREET  
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.  
*Same as above* *Same*

1st MOORE CR2E037 (10/06)

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-0969189** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANGLEA, TIM**  
**2441 RIDGEWIND WAY**  
**WINDERMERE FL 34786**

7. Name and Address of New Registered Agent  
Name *Rev. Kenneth R Jackson*  
Street Address (P.O. Box Number is Not Acceptable) *11845 Eddy Dr*  
City *Winter Garden, FL* Zip Code *34787*

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 *[Signature]* DATE *1-29-07*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	ANGLEA, TIM	
STREET ADDRESS	2441 RIDGEWIND WAY	
CITY - ST - ZIP	WINDERMERE FL 34786	
TITLE	C	<input type="checkbox"/> Delete
NAME	HANSON, DAVE	
STREET ADDRESS	9543 CASTLEFORD PT.	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIKER, ERIC	
STREET ADDRESS	10730 DENALI DRIVE	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *[Signature]* DATE: *1-29-07* DAYTIME PHONE #: *407-656-3001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR