

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 003 ****61.25

DOCUMENT # 733058

1. Entity Name
CALVARY BIBLE CHURCH, INC.



Principal Place of Business
**1936 E. VENICE AVE.
VENICE, FL 34292**

Mailing Address
**1936 E. VENICE AVE.
VENICE, FL 34292**

60033724



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0182829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDALL, TOM
2705 HERMITAGE BLVD
VENICE, FL 34292**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JONES, R B
548 LA GORCE DR.
VENICE, FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Al Kareyva
136 Wading Bird Dr.
Venice, FL 34292 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RANDALL, TOM
2705 HERMITAGE BLVD
VENICE, FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reginald Jacobson
390 Vista Dr.
Venice, FL 34293 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUTTON, DAVID
3954 ANNAPOLIS TERR
NORTH PORT, FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reginald Jacobson
390 Vista Dr.
Venice, FL 34293 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAZIER, EARL
2846 CRANE AVE
NORTH PORT, FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reginald Jacobson
390 Vista Dr.
Venice, FL 34293 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CLARK, JOSEPH
928 DESIRADE AVE W
VENICE, FL 34285 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reginald Jacobson
390 Vista Dr.
Venice, FL 34293 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHATTUCK, CLYDE
5965 VIOLA RD
VENICE, FL 34293 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reginald Jacobson
390 Vista Dr.
Venice, FL 34293 ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-08

Date

941-485-7070

Daytime Phone #