

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 3:04

DOCUMENT # 734892 (3)

1. Corporation Name

CALVARY BAPTIST CHURCH OF MACCLENNY, FLA., INC.

Principal Place of Business

Mailing Address

P O BOX 422
523 NORTH BLVD.
MACCLENNY FL 32063

P O BOX 422
523 NORTH BLVD.
MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1976

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1711342

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, DONNIE E
RT. 1 BOX 492-A
MACCLENNY, FL
SANDERSON FL 32087

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Donnie E. Williams Jr.

Donnie E. Williams Jr.

Donnie E. Williams Jr.

Donnie E. Williams Jr.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, DONNIE E
STREET ADDRESS	RT 1 BOX 492-A
CITY- ST- ZIP	SANDERSON FL
TITLE	D
NAME	KEENE, V H JR
STREET ADDRESS	HILLCREST DR RT 1
CITY- ST- ZIP	MACCLENNY, FL 00000
TITLE	T
NAME	ORBERG, JOHN W
STREET ADDRESS	708 SHORT PUTT DRIVE
CITY- ST- ZIP	MACCLENNY, FLORIDA 00000
TITLE	D
NAME	WALLSTEDT, RICHARD
STREET ADDRESS	RT. 1 BOX 933
CITY- ST- ZIP	MACCLENNY FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donnie E. Williams Jr.

Donnie E. Williams Jr.

Donnie E. Williams Jr.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-16-95

2594529

0000000