

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 734892 1. Entity Name CALVARY BAPTIST CHURCH OF MACCLENLY, FLA., INC.					
Principal Place of Business P O BOX 422 523 NORTH BLVD. MACCLENLY FL 32063			Mailing Address P O BOX 422 523 NORTH BLVD. MACCLENLY FL 32063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1711342	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, DONNIE E RT 2 BOX 2454 BIG BEAR LANE GLEN SAINT MARY FL 32040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD WILLIAMS, DONNIE E 7377 BIG BEAR LANE GLEN SAINT MARY FL 32040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000016950 01/28/04-80074-011 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENE, V H JR 7322 JUNIPER ROAD MACCLENLY FL 32063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORBERG, JOHN W 7397 JUNIPER ROAD MACCLENLY FL 32063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLSTEDT, RICHARD 8552 E BEN ROWE CIRCLE MACCLENLY FL 32063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Donnie E. Williams Jr.</u> Donnie E. Williams Jr. 1-20-04 4529					



MOORE CR2E037 (11/03)

\$8.75 Additional
Fee Required

FL

Zip Code

904 259
4529