2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 734892

Entity Name: CALVARY BAPTIST CHURCH OF MACCLENNY, FLA., INC.

Current Principal Place of Business:

P O BOX 422
523 NORTH BLVD.
MACCLENNY, FL 32063

New Principal Place of Business:

523 NORTH BLVD
MACCLENNY, FL 32063

Current Mailing Address:

P O BOX 422
523 NORTH BLVD.
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-1711342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DONNIE E
7377 BIG BEAR LANE
GLEN SAINT MARY, FL 32040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, DONNIE E,
Address: 7377 BIG BEAR LANE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: D ( ) Delete
Name: KEENE, V H JR,
Address: 7322 JUNIPER ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: T ( ) Delete
Name: ORBERG, JOHN W,
Address: 7397 JUNIPER ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: WALLSTEDT, RICHARD,
Address: 8552 E BEN ROWE CIRCLE
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNIE E. WILLIAMS PD 01/07/2009
Electronic Signature of Signing Officer or Director — Date