
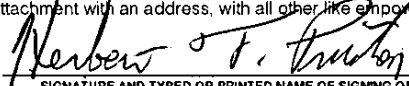


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90003 046 ****61.25

DOCUMENT # 748064 1. Entity Name THE CALVARY BAPTIST CHURCH OF PORT ST. LUCIE, FLORIDA, INC.					
Principal Place of Business 1434 S.W. BROADVIEW STREET PORT ST LUCIE FL 34983				Mailing Address 1434 S.W. BROADVIEW STREET PORT ST LUCIE FL 34983	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRESTON, HERBERT F 1434 S.W. BROADVIEW ST. PORT ST LUCIE FL 34983				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, HERBERT F		NAME		
STREET ADDRESS	1434 S.W. BROADVIEW STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34983		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, DORIS M		NAME		
STREET ADDRESS	1434 SW BROADVIEW ST		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLING, BOYCE		NAME		
STREET ADDRESS	373 S.E. THURNHILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, DON		NAME		
STREET ADDRESS	903 JACKSON WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34949		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, DORRAN		NAME		
STREET ADDRESS	1862 W. MIDWAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 49843		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
Date _____ Daytime Phone # _____					