2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Maiting Address

3. Mailing Address

Civ & State

Zip

Suito, Apt. #, etc.

1434 S.W. BROADVIEW STREET

Country

9. Election Campaign Financing

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Trust Fund Contribution.

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Name

PORT ST LUCIE FL 34983

THE CALVARY BAPTIST CHURCH OF PORT ST. LUCIE,

Country

6.-Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

DOCUMENT # 748064

1434 S.W. BROADVIEW STREET PORT ST LUCIE FL 34983

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

PRESTON, HERBERT F

the obligations of registered agent.

1434 S.W. BROADVIEW ST. PORT ST LUCIE FL 34983

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

PRESTON, HERBERT F

PRESTON, DORIS M

COLLING, BOYCE

MCDONALD, DON

903 JACKSON WAY

FT. PIERCE FL 34949

PORT ST LUCIE FL 34983

1434 SW BROADVIEW ST

PORT ST. LUCIE FL 34983

373 S.F. THURNHILL DRIVE

PORT ST. LUCIE FL 34983

1434 S.W. BROADVIEW STREET

1. Entity Namo

FLORIDA, INC. Principal Place of Business

Suite, Apt. #, etc.

City & State

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SIGNATURE .

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STREET ADDRESS

STREET ADORESS

SIRLET ADDRESS

STREET ADDRESS

SIREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY - \$1 - 71P

CITY-ST-ZIP

CITY-ST-7/P

CITY - ST- ZIP

May 15, 2007 8:00 am Secretary of State 04-18-2007 90178 004 ****61.25 1st MOORE CR2E037 (10/06) 4 FEI Number Applied For 59-2830561 Not Applicable \$8.75 Additional 5. Ceruficate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature recizied when reinstating) DATE \$5.00 May Be Make Check Payable to Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition ☐ Change ☐ Change Addition Change neilibba 🗍 ☐ Channe ☐ Addition ☐ Change ■ Addition

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■ Addition

CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 ampowered.

SIGNATURE: