


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 748064 1. Entity Name THE CALVARY BAPTIST CHURCH OF PORT ST. LUCIE, FLORIDA, INC.	
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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
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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2830561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRESTON, HERBERT F 1434 S.W. BROADVIEW ST. PORT ST LUCIE FL 34983	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____
Signature, typed or printed name of registered agent and the acceptable (NOTE: Registered Agent signature not read when recording) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete PRESTON, HERBERT F 1434 S.W. BROADVIEW STREET PORT ST LUCIE FL 34983
TITLE	D <input type="checkbox"/> Delete PRESTON, DORIS M 1434 SW BROADVIEW ST PORT ST. LUCIE FL 34983
TITLE	D <input type="checkbox"/> Delete COLLING, BOYCE 373 S.E. THURNHILL DRIVE PORT ST. LUCIE FL 34983
TITLE	D <input type="checkbox"/> Delete MCDONALD, DON 903 JACKSON WAY FT. PIERCE FL 34949
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U000000849814 03/21/08-80035-025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Herbert F. Preston*

HERBERT F. PRESTON