

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010067

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CALVARY BAPTIST CHURCH OF PALATKA, INC.

**Current Principal Place of Business:**

3005 SOUTH PALM AVENUE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

3005 SOUTH PALM AVENUE  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 59-1658905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDERS, CHARLES B  
129 ODOM ROAD  
PALATKA, FL 32177 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: D ( ) Delete  
Name: SANDERS, CHARLES B  
Address: 129 ODOM ROAD  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: COULLIETTE, ADELL SR.  
Address: 1369 HWY #19 S  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: MORRELL, LENWOOD R  
Address: PO BOX 2212  
City-St-Zip: PALATKA, FL 32178

Title: D ( ) Delete  
Name: SANDERS, THOMAS H  
Address: PO BOX 962  
City-St-Zip: PALATKA, FL 32178

**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: DEBARA G. GOODWIN

SEC

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date