


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 004 ****70.00

DOCUMENT # N05000010229

1. Entity Name
CALVARY OPEN BIBLE COMMUNITY CHURCH, INC.



Principal Place of Business
17395 SW 8TH STREET
PEMBROKE PINES, FL 33029

Mailing Address
17395 SW 8TH STREET
PEMBROKE PINES, FL 33029

2. Principal Place of Business - No P.O. Box #
3900 N.W. 89th Ave

3. Mailing Address
3900 N.W. 89th Ave

Suite, Apt. #, etc.



03212007 Chg-NP CR2E037 (12/06)

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33024

Country
USA

Zip
33024

Country
USA

4. FEI Number
20-3615815

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRANCIS, KARL A
17395 SW 8TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

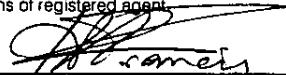
Name
FRANCIS, KARL A.

Street Address (P.O. Box Number is Not Acceptable)
3900 N.W. 89th Ave

City
HOLLYWOOD

FL Zip Code
33024

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  DATE **3/21/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, KARL A 17395 SW 8TH STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS, DYRIE M 17395 SW 8TH STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, LAVAL T 19440 NW 3RD STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINES, CONSTANCE E 19440 NW 3RD STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCIS, KARL A 3900 N.W. 89th Ave HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCIS, DYRIE M 3900 N.W. 89th Ave HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HINES, LAVAL T 3900 N.W. 89th Ave HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HINES, CONSTANCE E 3900 N.W. 89th Ave HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Chapter 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:  DATE **3/21/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #