

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008140

FILED
Apr 27, 2009
Secretary of State

Entity Name: CALVARY OF DESTIN, INC.

Current Principal Place of Business:

12273 EMERALD COAST PARKWAY SUITE 104
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

12273 EMERALD COAST PARKWAY SUITE 104
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 26-3274184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, STEPHEN
12273 EMERALD COAST PARKWAY SUITE 104
MIRAMAR BEACH, FL 32550 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: DIXON, STEPHEN
Address: PO BOX 6697
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: RICHARDON, MIKE
Address: 133 CREST DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: CONROY, CHARLIE
Address: 262 LEANING PINES LOOP
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: HENSLIN, PAUL
Address: 160 JACKSON'S RUN APT. A7
City-St-Zip: SANTA ROSA BEACH, FL 32549

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: STEPHEN DIXON

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date