


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000150

1. Entity Name
CALVARY WORSHIP CENTER, INC. OF CHIEFLAND



Principal Place of Business Mailing Address

P O BOX 2284 **P O BOX 2284**
CHIEFLAND, FL 32626 **CHIEFLAND, FL 32626**



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3175378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBBER, DENNIS
1110 SW 2ND AVE
CHIEFLAND, FL 32626

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: *Dennis Webber* DATE: **4-29-04**

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER, DENNIS 1110 SW 2ND AVE. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, LINDA 1320 NW 17TH AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, BOB 5250 NW 50TH AVE. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBBER, ROBIN P. O. BOX 1874, 1110 SHF 2ND AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

030000146895
 35 03/04-97076-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dennis Webber* DATE: **4-29-04** DAYTIME PHONE #: **352-493-9323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR