2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90043 004 ****61.25

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1. Entity Name
CALVARY CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
3266 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US	3266 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US

04202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3304525 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ANDREW PAUL
12358 SHELL BEACH TRAIL
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, ANDREW P 12358 SHELL BEACH TRAIL JACKSONVILLE, FL 32246	☐ Delete	V/T/D Turner, Michael S. 20 CEDARWOOD CT Palm Coast FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHARLES, BRADLEY D 2738 ANNETTE CIRCLE JACKSONVILLE, FL 32216	☒ Delete	S/D MATHIS, SCOTT A. 3471 NEWCASTLE Creek DR Jacksonville, FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNETT, TIM E 7760 GREENWICH CT E JACKSONVILLE, FL 32277	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, ROBERT W 159 11TH STREET ATLANTIC BEACH, FL 32233	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARSENAULT, RICHARD K 2307 COVINGTON CREEK CIR E JACKSONVILLE, FL 32224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Michael S. Turner V/T/D 4/20/04 904-334-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #