

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001464

FILED
Jan 11, 2005
Secretary of State

Entity Name: CALVARY CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

3266 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3266 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3304525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ANDREW PAUL
12358 SHELL BEACH TRAIL
JACKSONVILLE, FL 32246 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: PD () Delete
Name: JOHNSON, ANDREW P
Address: 12358 SHELL BEACH TRAIL
City-St-Zip: JACKSONVILLE, FL 32246

Title: VTD () Delete
Name: TURNER, MICHAEL S
Address: 20 CEDARWOOD CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: CORNETT, TIM E
Address: 7760 GREENWICH CT E
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: HENDERSON, ROBERT W
Address: 159 11TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: ARSENAULT, RICHARD K
Address: 2307 COVINGTON CREEK CIR E
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: MATHIS, SCOTT A
Address: 3471 NEWCASTLE CREEK DR
City-St-Zip: JACKSONVILLE, FL 32277

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:

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 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 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: ANDREW P JOHNSON

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date