FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 753646

1. Corporation Name

CALVARY BAPTIST CHURCH OF DEFUNIAK SPRINGS, INC.

Finicipal Flace of Business						
75 CHURCH STREET						
DEFUNIAK SPRINGS FL 32433						
US .						

Mailing Address

P.O. BOX 603

DEFUNIAK SPRINGS FL 32435-0603

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3. Date Incorporated or Qualifed

2. Principal Pi	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26	6		08/06/1980				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	4. FEI Number Applied Fo				
22	-	27			59-3385554 Not Applic	able			
City & State	3	City & State	¬ '		5. Certificate of Status Desired \$8.75 Addition Fee Required	al			
23	28				\$ 50 v. 0				
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be				
24	25 29 30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	04						
			01	81 Name					
LEDDON,	PAUL R.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
59 S 4TH									
	SPRINGS FL 32433		83	83					
DEI ONIAN	0 10100 1 0 00400								
			84	'					
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE					d when reinstation) DATE	- 1			
	Signature, typed or printed name of registered agent			i signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12			
12.	OFFICERS AND		13.			ddition			
TITLE	CD .	☐ DELETE	1.1 TITLE			Bullion			
NAME	LEDON, PAUL R.		1.2 NAME			. [
STREET ADDRESS	59 S 4TH STREET		1.3 STREET ADDRESS			f			
CITY-ST-ZIP	7-ST-ZIP DEFUNIAK SPRINGS FL		1.4 CITY-ST-ZIP						
TILE	D	DELETE	2.1 TITLE	7	R Change □ A	ddition			
NAME	MCKENZIE, TRAVIS E. 22N		2.2 NAME	C	HARLES T. MORGAN				
STREET ADDRESS	141 WIDNER CIRCLE		2.3 STREET ADDRESS		O WINDHAM WAY _	1			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		2.4 CITY-ST-ZIP		F FUNIAN SPRINGS FL. 32433				
TITLE	D	DELETE	3.1 TITLE	7.	Change A	ddition			
NAME	IONEO WENT D			Ro	BERT J. GLASS				
STREET ADDRESS	233 BOY SCOUT ROAD		3.3 STREE	ADDRESS 3.	HARLES T. MORGAN O WINDHAM WAY FUNIAK SPRINGS FL. 32433 BERT S. GLASS SO BASS HAVEN DRIVE				
	DEFUNIAK SPRINGS FL		3.4. CITY-5	T.7IP D =	Funiar Springs, FL. 32433				
CITY-ST-ZIP	DEI OTRAL OF THEOD I E	☐ DELETE	4.1 TITLE		Change A	ddition			
TITLE NAME			4. 2 NAME						
STREET ADDRESS,			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change A	ddition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADDRESS					
CITY-ST-ZIP		, , :	5.4 CITY-S	T-ZIP		}			
TITLE		□ DELETE	6.1 TITLE		Change A	ddition			
NAME	"Alikare of 35 Bu	-	6.2 NAME	.	· —	- 1			
	and the state of t	•	6.3 STREE	ADDRESS	,				
STREET ADDRESS			6.4 CITY-S	1					
CITY-ST-ZIP	١٠		0.5 0111-5	1-EIF					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or no an attachment with an address, with all other like empowered.

SIGNATURE: