**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 09, 2022**
**Secretary of State**
**4955800473CC**

DOCUMENT# 702382

**Entity Name:** CALVARY BAPTIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4040 DUNN AVE
JACKSONVILLE, FL 32218

**Current Mailing Address:**

4040 DUNN AVE
JACKSONVILLE, FL 32218 US

**FEI Number: 59-6016475**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KRATOCHVIL, JASON PASTOR
86027 MAPLE LEAF PLACE
YULEE, FL 32097 US

*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: JASON KRATOCHVIL 02/09/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | KRATOCHVIL, GEORGE CO-PASTOR |
| Address | 13426 ASHFORD WOOD CT E |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|---|---|
| Title | DEACON |
| Name | SUTTON, STEVE |
| Address | 1682 FAYE RD. |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|---|---|
| Title | DEACON |
| Name | CALDWELL, KEN |
| Address | 11344 LORENCE AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|---|---|
| Title | TREASURER |
| Name | MYRA, JULIAN |
| Address | 4041 BESSENT RD. |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|---|---|
| Title | DEACON |
| Name | ROBERTS, DON |
| Address | 10261 PLUMMER RD. |
| City-State-Zip: | JACKSONVILLE FL 32219 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ROBERTS, BARBARA |
| Address | 10261 PLUMMER RD. |
| City-State-Zip: | JACKSONVILLE FL 32219 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | KRATOCHVIL, JASON |
| Address | 86027 MAPLE LEAF PLACE |
| City-State-Zip: | YULEE FL 32097 |

*I hereby 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 all other like empowered.*

SIGNATURE: JASON KRATOCHVIL PRESIDENT 02/09/2022

Electronic Signature of Signing Officer/Director Detail — Date