48 N 15TH /	i <b>ling Address:</b> AVE FL 34266 US			
FEI Number: 59-1445575			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
ZOLKOS, MICHAEL 4827 SE BROWN RD ARCADIA, FL 34266 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.				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fl	orida.
	d entity submits this statement for the purpose of changing its regi E: MICHAEL ZOLKOS	stered office or regis	tered agent, or both, in the State of Fl	orida. 01/05/2024
		stered office or regis	tered agent, or both, in the State of Fl	
SIGNATURI	E: MICHAEL ZOLKOS	stered office or regis	tered agent, or both, in the State of Fl	01/05/2024
SIGNATURI	E: MICHAEL ZOLKOS Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	01/05/2024
SIGNATURI Officer/Dire	E: MICHAEL ZOLKOS Electronic Signature of Registered Agent ctor Detail :			01/05/2024
SIGNATURI Officer/Dire	E: MICHAEL ZOLKOS Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	TRUSTEE	01/05/2024
SIGNATURI Officer/Dire Title Name	E: MICHAEL ZOLKOS Electronic Signature of Registered Agent Ctor Detail : TREASURER ZOLKOS, MICHAEL 4827 SE BROWN RD	Title Name	TRUSTEE NUGENT, WILL 48 N 15TH AVE	01/05/2024
SIGNATURI Officer/Dire Title Name Address	E: MICHAEL ZOLKOS Electronic Signature of Registered Agent Ctor Detail : TREASURER ZOLKOS, MICHAEL 4827 SE BROWN RD	Title Name Address	TRUSTEE NUGENT, WILL 48 N 15TH AVE	01/05/2024

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 704029**

## Entity Name: CALVARY BAPTIST CHURCH OF ARCADIA FLORIDA, INC.

## **Current Principal Place of Business:**

48 N 15TH AVE ARCADIA, FL 34266

Address

Title

Name

Address

City-State-Zip:

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: ZOLKOS, MICHAEL

OFFICE

TRUSTEE

City-State-Zip: ARCADIA FL 34266

ARCADIA FL 34266

ROBERTS, RICHARD

48 N 15TH AVE

TREASURER

3402 SE BROWN RD

ARCADIA FL 34266

ZOLKOS, MICHAEL

4827 SE BROWN RD

ARCADIA FL 34266

OFFICER

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Secretary of State 7178515958CC

FILED Jan 05, 2024

Date