

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734892

Entity Name: CALVARY BAPTIST CHURCH OF MACCLENNY, FLA., INC.**Current Principal Place of Business:**523 NORTH BLVD
MACCLENNY, FL 32063**Current Mailing Address:**P O BOX 422
MACCLENNY, FL 32063 US**FEI Number:** 59-1711342**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNABB, WILLIAM WOODROW
447 EAST BLVD. SOUTH
MACCLENNY, FL 32063 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:** WILLIAM KNABB

01/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WALLSTEDT, RICHARD
Address 8552 E BEN ROWE CIRCLE
City-State-Zip: MACCLENNY FL 32063

Title TREASURER
Name JACOBS, WILLIAM H
Address 1274 THORNTON ROAD
City-State-Zip: GLEN ST. MARY FL 32040

Title DIRECTOR
Name KNABB, WILLIAM W
Address 447 EAST BLVD. SO.
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name SHARMAN, JOHN
Address 6455 CR 23C
City-State-Zip: MACCLENNY FL 32063

Title PASTOR
Name GARLICK, DAVID R
Address 523 NORTH BLVD
City-State-Zip: MACCLENNY FL 32063

Title ASST. TREASURER
Name HARVEY, HUBBARD HAROLD III
Address 1161 SAWYERWOOD DR
City-State-Zip: JACKSONVILLE FL 32221

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: HUBBARD HARVEY

ASST. TREASURER

01/10/2022

Electronic Signature of Signing Officer/Director Detail

Date