

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010229

**FILED  
Mar 21, 2016  
Secretary of State  
CC1381561460**

**Entity Name:** CALVARY OPEN BIBLE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

2195 SE AIROSO BLVD  
ROOM A  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

PO BOX 13630  
FT PIERCE, FL 34979-3630

**FEI Number:** 20-3615815

**Certificate of Status Desired:** No

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

HINES, LAVAL T  
457 NW DOVER CT  
PORT ST LUCIE, FL 34983 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HINES, LAVAL T  
Address 457 NW DOVER CT  
City-State-Zip: PORT ST LUCIE FL 34983

Title V  
Name HINES, CONSTANCE  
Address 457 NW DOVER CT  
City-State-Zip: PT ST LUCIE FL 34983

Title T  
Name BROWN, RONALD  
Address 2032 S.W PRUIT ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title S  
Name REID, SHAKEISHA  
Address 1198 SW IVANHOE ST  
City-State-Zip: PORT ST LUCIE FL 34983-2542

*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:** CONSTANCE HINES

V P

03/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date