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

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

02/27/2017

Date

DOCUMENT# N05000010229

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

HINES, LAVAL T 457 NW DOVER CT PORT ST LUCIE, FL 34983 US Certificate of Status Desired: No

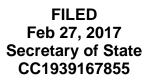
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	V
Name	HINES, LAVAL T	Name	HINES, CONSTANCE
Address	457 NW DOVER CT	Address	457 NW DOVER CT
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PT ST LUCIE FL 34983
Title	т	Title	S
Title Name	T BROWN, RONALD	Title Name	S REID, SHAKEISHA
	T BROWN, RONALD 2032 S.W PRUIT ST		
Name Address		Name	REID, SHAKEISHA



Date