

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44331

Entity Name: CALVARY UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**112 BLANDING BOULEVARD
ORANGE PARK, FL 32073**Current Mailing Address:**112 BLANDING BOULEVARD
ORANGE PARK, FL 32073**FEI Number:** 59-2267669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVELESS, RICHARD C SR.
8139 FIELDSDR DR W
JACKSONVILLE, FL 32244 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:** RICHARD LOVELESS

01/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name LOVELESS, RICHARD C SR.
Address 8139 FIELDSDR DR W
City-State-Zip: JACKSONVILLE FL 32244

Title SECRETARY
Name HARRIS, MARGIE
Address 3305 HIGHLAND MILLS LANE
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name WAYNE, DAVIES
Address 623 WAKEVIEW DR.
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name NATIVIDAD, ANNABELL
Address 567 WAKEMONT DRIVE
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name COOK, BILL
Address 8417 SAND POINT DR. E.
City-State-Zip: JACKSONVILLE FL 32244

Title TRUSTEE
Name BLYMILLER, WALTER
Address 9010 WINDING VINE DR W
City-State-Zip: JACKSONVILLE FL 32244

Title TRUSTEE
Name HERNAEZ, MARIO
Address 1071 SOUTHERN HILLS DR
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name BARLOW, ALLEN
Address 410 GANO AVE
City-State-Zip: ORANGE PARK FL 32073

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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: RICHARD LOVELESS

CHAIRMAN, TRUSTEES

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VC
Name	MCCORVER, HARVARD
Address	P.O. BOX 442383
City-State-Zip:	JACKSONVILLE FL 32222