

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:**STOWERS, JAMIE  
2910 MAGNOLIA ROAD  
ORANGE PARK, FL 32065 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:** JAMIE STOWERS

09/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TR
Name	STOWERS, JAMIE
Address	2910 MAGNOLIA ROAD
City-State-Zip:	ORANGE PARK FL 32065

Title	TRUSTEE
Name	SUNDAY, LOREN
Address	6776 TOWNSEND RD
City-State-Zip:	JACKSONVILLE FL 32244

Title	TRUSTEE
Name	BURSHULIAK, PAUL
Address	9189 CAMSHIRE DR.
City-State-Zip:	JACKSONVILLE FL 32244

Title	TRUSTEE
Name	GILES, DON
Address	6121 SUNDEW CT
City-State-Zip:	JACKSONVILLE FL 32244

Title	PASTOR
Name	ROBINSON, ESTHER
Address	233 FOXRIDGE RD
City-State-Zip:	ORANGE PARK FL 32065

Title	TRUSTEE
Name	FREY, AUDREY
Address	1448 BEECHER LANE
City-State-Zip:	ORANGE PARK FL 32068

Title	TRUSTEE
Name	HAZLIP, JAMES
Address	345 WILDWOOD LANE
City-State-Zip:	ORANGE PARK FL 32073

*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:** ESTHER ROBINSON

PASTOR

09/28/2017

Electronic Signature of Signing Officer/Director Detail

Date