

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001464

Entity Name: CALVARY WORSHIP CENTER OF JACKSONVILLE, INC.**Current Principal Place of Business:**3266 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216**Current Mailing Address:**3266 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US**FEI Number:** 59-3304525**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, ANDREW PAUL
12358 SHELL BEACH TRAIL
JACKSONVILLE, FL 32246 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	PD
Name	JOHNSON, ANDREW P
Address	12358 SHELL BEACH TRAIL
City-State-Zip:	JACKSONVILLE FL 32246

Title	TSD
Name	MATHIS, A SCOTT
Address	3471 NEWCASTLE CREEK DR
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	CARLTON, MARLIN
Address	111 TALLWOOD RD.
City-State-Zip:	JACKSONVILLE FL 32250

Title	VD
Name	HENDERSON, ROBERT W
Address	159 11TH STREET
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	LAFORGE, VICTOR
Address	2307 COVINGTON CRK CIR E
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	TELLEZ, OSCAR
Address	1336 GRIFLET RD.
City-State-Zip:	JACKSONVILLE FL 32211

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: ANDREW PAUL JOHNSON**PRESIDENT****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date