


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90057 029 ****61.25

DOCUMENT # 700558	
1. Entity Name THE CALVARY PRESBYTERIAN CHURCH UNITED OF POMPANO BEACH, FLORIDA, INC	

Principal Place of Business 3950 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	Mailing Address 3950 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
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02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1112173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCABE, CAROL PRES 1380 NW 69 AVE POMPANO BEACH, FL 33063

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carol McCabe President Carol McCabe* *3-1-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAJVA, JOSE 4883 N HEMIGWAY CIRCLE COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAHAH, DEEORANEE 3064 SUNSET LANE MARGATE, FL 33063
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol McCabe Carol McCabe* *3-1-07* *954-972-1540*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #