

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703780

FILED
Apr 28, 2008
Secretary of State

Entity Name: CALVARY UNITED METHODIST CHURCH, INCORPORATED, OF LAKE WORTH, FLORIDA

Current Principal Place of Business:

301 FIRST AVENUE SOUTH
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

301 FIRST AVENUE SOUTH
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-0895901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILS-AIME, VIVIANE
301 1ST AVE S
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDMONDSON, JOHNATHON
Address: 1833 POLO LAKES DR EAST BLDG
City-St-Zip: WELLINGTON, FL 33414

Title: TR () Delete
Name: WALTMAN, WENDELL
Address: 229 GREENBRIER DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: TR () Delete
Name: DAVID, SHUTE
Address: 6198 SEASHORE DRIVE
City-St-Zip: LANTANA, FL 33462

Title: TR () Delete
Name: JENNIFER, SHIFFLETT
Address: 2911 DONALD RD
City-St-Zip: LAKE WORTH, FL 33461

Title: TR () Delete
Name: HILTON, JARVIS
Address: 117 NO. 'F' STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: P () Delete
Name: MAC, MCKINNON
Address: 1751 12TH COURT NO.
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDMONDSON, JOHNATHON
Address: 1903 SHERWOOD FOREST BLDD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TR (X) Change () Addition
Name: DAVID, SCHNEIDER
Address: 508 2ND AVE NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: SUSAN, GIORDON
Address: 115 1ST AVE SOUTH
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID SHUTE

TR

04/28/2008

Electronic Signature of Signing Officer or Director

Date