2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703780

Apr 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 301 FIRST AVENUE SOUTH LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** 301 FIRST AVENUE SOUTH LAKE WORTH, FL 33460 FEI Number: 59-0895901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FILS-AIME, VIVIANE 301 1ST AVE S LAKE WORTH, FL 33460 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDMONDSON, JOHNATHON Name: Name: 1903 SHERWOOD FOREST BLDD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: () Change () Addition DAVID, SCHNEIDER Name: Name: Address: 508 2ND AVE NORTH Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition DAVID, SHUTE Name: Name: 6198 SEASHORE DRIVE Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: TR () Delete Title: TR (X) Change () Addition SUSAN, GIORDON Name: Name: CATHERINE, SHELTON Address: 115 1ST AVE SOUTH Address: 1500 LUCERNE AVE City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: () Change () Addition HILTON, JARVIS Name: Name: 117 NO. 'F' STREET Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition MAC. MCKINNON Name: Name: Address: 1751 12TH COURT NO. Address: LAKE WORTH, FL 33460 City-St-Zip: 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: CATHERINE SHELTON TREA 04/23/2009