

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90158 011 ****61.25

DOCUMENT # 703953

1. Entity Name

**CALVARY BAPTIST CHURCH OF EAU GALLIE FLORIDA
INC**



Principal Place of Business

**2980 N. WICKHAM RD
MELBOURNE FL 32935-8210**

Mailing Address

**2980 N. WICKHAM RD
MELBOURNE FL 32935-8210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1481782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDS, W. RAY
2429 FLORIDIANE DR.
MELBOURNE FL 32935**

Name

Sergio Reyes

Street Address (P.O. Box Number is Not Acceptable)

1833 Jackson Avenue

City

Melbourne

FL

Zip Code

32935

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

Sergio Reyes

April 28, 2005

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, LOWELL	
STREET ADDRESS	2250 PINEAPPLE AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENE, CLAUDE	
STREET ADDRESS	780 RENNER AVE.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, JAMES M	
STREET ADDRESS	424 DOLPHIN AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BINKLEY, WILLIS	
STREET ADDRESS	3140 CEDAR BAY DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENE, JEFFREY	
STREET ADDRESS	1177 WILDFLOWER DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, HOMER L	
STREET ADDRESS	1813 FOX BAY DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mullenix, David	
STREET ADDRESS	925 Bell Avenue	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapman, John	
STREET ADDRESS	4280 Aurora Road	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pope, Harry	
STREET ADDRESS	2086 Stewart Road	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chen, Chao-Jin	
STREET ADDRESS	2762 Mariah Drive	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reyes, Sergio	
STREET ADDRESS	1833 Jackson Avenue	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sergio Reyes 321-254-8802 April 28, 2005

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #