## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 16, 2008 08:00 A Secretary of State **DOCUMENT # 705848** 1. Entity Name CALVIN PRESBYTERIAN CHURCH INC Principal Place of Business Mailing Address 4050 BARNES ROAD 4050 BARNES ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1112647 Not Applicable Zio Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSTEEN,E H Street Address (P.O. Box Number is Not Acceptable) 1981 PARENTAL HOME ROAD JACKSONVILLE FL 32216 City Zip Code 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 Signature, typod or printed name of registered agent and theid applicable. (NOTE: Beg stored Agent signature regained when reinstating) DATE THEORY WITH THE WAR A WORLD rganijar gringi FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State nichtlifet, rüjfigt i kralinahitati 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition OSTEEN.E H NAME NAME 000000901211 04/29/08-80059-014 61.25 1981 PARENTAL HOME ROAD STREET ADDRESS STREET ADDRESS CITY ST-ZIP JACKSONVILLE FL CITY - ST- ZIP SD ☐ Delate TITLE ☐ Change TITLE ncitibba 🔲 BYERS, WALTER E NAME NAME 2881 BISHOP ESTATES RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP CiTY-ST-ZiP VD Delete TITLE TITLE Addition ☐ Change PATĒRŠŌN, JOHN D NAME NAME STREET ADDRESS 5338 FT CAROLINE ROAD STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITU ☐ Change Addition ENGLISH, PEGGY W NAME MAME 2920 OAK CREEK LANE STREET ADDRESS STREET ADDPESS JACKSONVILLE FL 32221 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ШŒ ☐ Change C Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

SIGNATURE: Elmer H. Osteen FLHER H. OSTEEN, PD APR 13,2008 (904) 724-0694

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.