


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 706277
 1. Entity Name
CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
2145 WEST PENSACOLA STREET TALLAHASSEE FL 32304 **2145 WEST PENSACOLA STREET TALLAHASSEE FL 32304**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
KING, JOSEPH J
2638 PIN OAK LANE
TALLAHASSEE FL 32305

4. FEI Number Applied For / Not Applied For
59-1130523 Applied For Not Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	KERSHNER, ELIZABETH	214 NORTH LIPONA ROAD	TALLAHASSEE FL 32304	<input type="checkbox"/>
SD	BROWN, ANITA	18817 STAR HILL LANE	TALLAHASSEE FL 32310	<input type="checkbox"/>
D	SMITH, CAREY	501 BLAIRSTONE RD., #2504	TALLAHASSEE FL 32301	<input type="checkbox"/>
D	KING, JOSEPH J	2638 PIN OAK LANE	TALLAHASSEE FL 32305	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/02/06-80041-003 61.25

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.

Carey Smith

Joseph J King