

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


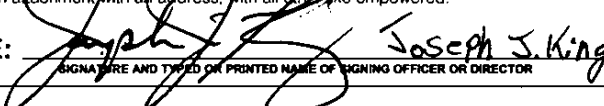
**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 016 \*\*\*\*61.25

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03172008 Chg-NP CR2E037 (12/06)

|  |                       |  |  |   |                                   |
|--|-----------------------|--|--|---|-----------------------------------|
| <b>DOCUMENT # 706277</b>   |                       |  |  |                |                                   |
| 1. Entity Name<br>CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, FLORIDA   |                       |  |  |   |                                   |
| Principal Place of Business<br>2145 WEST PENSACOLA STREET<br>TALLAHASSEE, FL 32304   |                       |  | Mailing Address<br>2145 WEST PENSACOLA STREET<br>TALLAHASSEE, FL 32304 |   |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address   |  |   |                                   |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |  |   |                                   |
| City & State   |                       | City & State   |  |   |                                   |
| Zip  | Country               | Zip  | Country  | 4. FEI Number<br>59-1130523   |                                   |
|  |                       |  |  | Applied For<br>Not Applicable   |                                   |
|  |                       |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent  |                       |  | 7. Name and Address of New Registered Agent                            |   |                                   |
| KING, JOSEPH J<br>2638 PIN OAK LANE<br>TALLAHASSEE, FL 32305   |                       |  | 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 _____  |                       |  |  |   |                                   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |                       |  |  |   |                                   |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |                                   |
| Make check payable to Florida Department of State  |                       |  |  |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |   |                                   |
| TITLE  | TD                    | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | KERSHNER, ELIZABETH   |  | NAME   |   |                                   |
| STREET ADDRESS   | 214 NORTH LIPONA ROAD |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32304 |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | SD                    | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | BROWN, ANITA          |  | NAME   |   |                                   |
| STREET ADDRESS   | 18817 STAR HILL LANE  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32310 |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | T                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | BRIDGES, WILMA        |  | NAME   |   |                                   |
| STREET ADDRESS   | 1807 ATKAMIRE DRIVE   |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32304 |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | D                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | KING, JOSEPH J        |  | NAME   |   |                                   |
| STREET ADDRESS   | 2638 PIN OAK LANE     |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32305 |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | T                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | MC SMITH, JANET       |  | NAME   |   |                                   |
| STREET ADDRESS   | 809 EVELYN COURT      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32304 |  | CITY-ST-ZIP  |   |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                       |  | NAME   |   |                                   |
| STREET ADDRESS   |                       |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                       |  | CITY-ST-ZIP  |   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:    |                       | Joseph J. King   |  | 3-26-08   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                       | Date   |  | Daytime Phone # 850-576-3124  |                                   |