

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2009  
Secretary of State**

DOCUMENT# 706277

Entity Name: CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, FLORIDA

**Current Principal Place of Business:**

2145 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

2145 WEST PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 59-1130523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, JOSEPH J  
2638 PIN OAK LANE  
TALLAHASSEE, FL 32305      US

**Name and Address of New Registered Agent:**

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:**

Title: T      ( ) Delete  
Name: BRIDGES, WILMA  
Address: 1807 ATKAMIRE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D      ( ) Delete  
Name: KING, JOSEPH J  
Address: 2638 PIN OAK LANE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: T      ( ) Delete  
Name: MC SMITH, JANET  
Address: 809 EVELYN COURT  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JANET MCSMITH

TREA

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date