2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713836

FILED Jul 21, 2009 Secretary of State

Entity Name: CALVARY BAPTIST CHURCH OF HOLIDAY, FLORIDA, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:	
	CLOTE BLVD , FL 34691		
urrent N	failing Address:	New Mailing Address:	
	CLOTE BLVD. , FL 34691		
n accordar	r: 59-3657219 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired not receive the prior notice. Name and Address of New Registered Agent:	()
IINTON, 036 S. P ARPON	LEE OINTE ALEXIS DR. SPRINGS, FL 34689 US		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, o	r both,
n the Stat	e of Florida. * RE:		r both,
the Stat	e of Florida.		r both,
n the Stat SIGNATU	e of Florida. * RE:		
the Stat	e of Florida. RE: Electronic Signature of Registered A	Agent Date	
n the Stat GNATU FFICER itle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: SD () Delete MINTON, LINDA 1036 POINT ALEXIS DR	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRI Title: () Change () Addition Name: Address:	
the Stat IGNATU FFICER tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: SD () Delete MINTON, LINDA 1036 POINT ALEXIS DR TARPON SPRINGS, FL 34689 PD () Delete MINTON, LEE 1036 S. POINTE ALEXIS DR.	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRI Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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: TERRY ROOKER VP 07/21/2009