
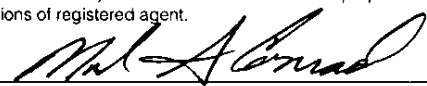
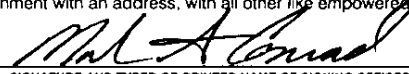


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 041 ****61.25

DOCUMENT # 715676 1. Entity Name CALVARY BAPTIST CHURCH, INC. OF ST. AUGUSTINE, FLORIDA					
Principal Place of Business 110 MASTERS DRIVE SAINT AUGUSTINE, FL 32084 US				Mailing Address 110 MASTERS DRIVE SAINT AUGUSTINE, FL 32084 US	
2. Principal Place of Business - No P.O. Box # 3500 SR 16		3. Mailing Address 3500 SR 16			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 59-2328471	
Zip 32092		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONRAD, MARK 110 MASTERS DR ST. AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name MARK Conrad Street Address (P.O. Box Number is Not Acceptable) 3500 SR 16 City St. Augustine FL Zip Code 32092	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2/5/09 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	[] Change	[] Addition
NAME	CONRAD, MARK		NAME		
STREET ADDRESS	110 MASTERS DR		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	[] Change	[] Addition
NAME	SULLIVAN, RUSS		NAME		
STREET ADDRESS	15 OAK RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	[] Change	[] Addition
NAME	KELLER, JAMES		NAME		
STREET ADDRESS	424 KELLER LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	[] Change	[] Addition
NAME	CRANE, CHRIS		NAME		
STREET ADDRESS	6542 BURGUNDY ROAD, SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	[] Change	[] Addition
NAME	CARPENTER, DAVID		NAME		
STREET ADDRESS	1850 PAUINER ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	[] Change	[] 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2/5/09 (904) 829-9795 <small>Date Daytime Phone #</small>	