## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

				50	Secretary or State		
DOCUMENT #715676  1. Entity Name CALVARY BAPTIST CHURCH, INC. OF ST. AUGUSTINE, FLORIDA					4-21-2008 90041 015 ****6		
Principal Place 3500 SR 16 SAINT AUGUS	3	ailing Address 1500 SR 16 AINT AUGUSTINE, FL 33	2092 US	1 INTER INTER (INTER)	BIJIE BIJIH KEBIB BIJI BISH BISH BIBH BIBH BIBH BI	1111 <b>7</b> 11 <b>0</b> 1 10 01	
	lace of Business - No P.O. Box # 3.	Mailing Address 3500 SR					
Suite, Apt.		Suite, Apt. #, etc.	- · · · · · · · · · · · · · · · · · · ·	03062008 Ch	ng-NP CR2E037 (12/06)		
City & State	funusting El	City & State	Lino El	4. FEI Number 59-232847	4	pplied For ot Applicable	
Zip 39	D92 Country LSA	39005 St. 4000	Country	5. Certificate of Sta	_ \$8.75 Ad	ditional	
	6. Name and Address of Current Regis	stered Agent		7. Name and Add	ress of New Registered Agent		
CONRAD, MARK			Name				
3500 SR 16 SAINT AUGUSTINE, FL 32092			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	00011112,12 02002						
			City	City FL Zip Code			
	named entity submits this statement for the jons of registered agent.	purpose of changing its re	egistered office or regi	istered agent, or both, in	the State of Florida. I am familiar with	and accept	
	and an regional age in						
SIGNATURE .							
SIGNATURE .	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: I	Registered Agent signature req	quired when reinstating)	DATE		
SIGNATURE .		9. Election Camp	paign Financing	standard to Fees	DATE  Make check payable  Florida Department of S		
SIGNATURE .	Signature, typed or printed name of registered agent and title  Filling Fee is \$61.25  Due by May 1, 2008  OFFICERS AND DIRECTO	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check payable	itate	
10.	Signature, typed or printed name of registered agent and title  Filling Fee is \$61.25  Due by May 1, 2008  OFFICERS AND DIRECTO	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	itate	
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Degitime Phone #

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP