

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90041 015 ****61.25

DOCUMENT # 715676					
1. Entity Name CALVARY BAPTIST CHURCH, INC. OF ST. AUGUSTINE, FLORIDA					
Principal Place of Business 3500 SR 16 SAINT AUGUSTINE, FL 32092 US			Mailing Address 3500 SR 16 SAINT AUGUSTINE, FL 32092 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 USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONRAD, MARK 3500 SR 16 SAINT AUGUSTINE, FL 32092			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME CONRAD, MARK		TITLE	NAME	
STREET ADDRESS 110 MASTERS DR	CITY-ST-ZIP ST. AUGUSTINE, FL 32095		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME SULLIVAN, RUSS		TITLE	NAME	
STREET ADDRESS 15 OAK RD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME KELLER, JAMES		TITLE	NAME	
STREET ADDRESS 424 KELLER LANE	CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME CRANE, CHRIS		TITLE	NAME	
STREET ADDRESS 6542 BURGUNDY ROAD, SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME CARPENTER, DAVID		TITLE	NAME	
STREET ADDRESS 1850 PAUNIER ROAD	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			04/15/08 904-829-9795		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		