2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State

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ANNUAL REPORT

DOCUMENT #717273 CALVARY BAPTIST CHURCH OF ENGLEWOOD, FLORIDA, INCORPORATED 50053003 Principal Place of Business Mailing Address **75 PINE STREET 75 PINE STREET** ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 23-7248593 Applied For City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTH Ingham TRURAN, KENNETH P Street Address (P.O. Box Number is Not Acceptable) **75 PINE STREET** ENGLEWOOD, FL 33533 Zip Code Englewood 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 RUTH 6. Ingham 4-5-05 Inghan SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Added to Fees Trust Fund Contribution. Florida Department of State Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Addition Delete ☐ Change TITLE WARNER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 75 PINE ST ENGLEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP D Delete TITLE ☐ Change ☐ Addition TITLE DIGREGORIO, PETER NAME NAME **75 PINE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME BRYAN, BILL NAME STREET ADDRESS 75 PINE STREET STREET ADDRESS ENGLEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE BOWMAN, BERNIE NAME STREET ADDRESS **75 PINE STREET** STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition HUNT, DAN NAME NAME 75 PINE ST STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME \$ 52 KM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 817, 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. 04/05/2005 SIGNATURE: Daytime Phone #