


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90025 033 ****61.25

DOCUMENT # 721904
1. Entity Name
CALVARY CHURCH OF SEBRING, FLORIDA, INC.



Principal Place of Business Mailing Address
**1825 HAMMOCK RD.
SEBRING FL 33872** **1825 HAMMOCK RD.
SEBRING FL 33872**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
35-2175247 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**OSBECK, LESTER
1825 HAMMOCK RD.
SEBRING FL 33872**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BLACKBURN, LILLIAN	
STREET ADDRESS	1209 CIRCLE DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKINS, CHARLOTTE	
STREET ADDRESS	9614 DEER RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33852	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JAMES	
STREET ADDRESS	3925 CORMORANT POINT DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, HAZEL <i>Hazel Ellis</i>	
STREET ADDRESS	4135 SELAH RD <i>3736 Hollywood</i>	
CITY-ST-ZIP	SEBRING FL <i>Sebring Fla</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKINS, CLARANCE	
STREET ADDRESS	9614 DEER RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	C	<input type="checkbox"/> Delete
NAME	OSBECK, LESTER	
STREET ADDRESS	1801 COLMAR AVE	
CITY-ST-ZIP	SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Elaine Bair</i>	
STREET ADDRESS	<i>311 Aston Martin Dr</i>	
CITY-ST-ZIP	<i>Sebring, FL 33872</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Robert Metzger</i>	
STREET ADDRESS	<i>3503 Delaware Ave</i>	
CITY-ST-ZIP	<i>Sebring, FL 33872</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dorothy Metzger</i>	
STREET ADDRESS	<i>3503 Delaware Ave</i>	
CITY-ST-ZIP	<i>Sebring, FL 33872</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lester Osbeck* **Lester Osbeck** *2-2-04* *863-386-4900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #