

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721904

FILED
Apr 02, 2009
Secretary of State

Entity Name: CALVARY CHURCH OF SEBRING, FLORIDA, INC.

Current Principal Place of Business:

1825 HAMMOCK RD.
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

1825 HAMMOCK RD.
SEBRING, FL 33872

New Mailing Address:

FEI Number: 35-2175247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBECK, LESTER
1825 HAMMOCK RD.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATRICK, PAT
Address: 2236 WHISPERING PINES D R
City-St-Zip: SEBRING, FL 33872

Title: S () Delete
Name: HOOPER, SUE
Address: 4130 FELSON AVENUE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: FARNHAM, JOHN
Address: 4717 ELSAW AVE
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: VEENKANT, BERNADINE
Address: 315 KITE AVE
City-St-Zip: SEBRING, FL 33872

Title: C () Delete
Name: OSBECK, LESTER
Address: 1801 COLMAR AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: ELLIS, HAZEL
Address: 3236 HOLLYWOOD BLVD.
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEL ELLIS

OFF

04/02/2009

Electronic Signature of Signing Officer or Director

Date