

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 727930
1. Entity Name
**CALVARY PRESBYTERIAN CHURCH, A CONGREGATION
OF THE ORTHODOX PRESBYTERIAN CHURCH,
INCORPORATED.**



| | |
|---|---|
| Principal Place of Business 814 N GADSDEN STREET TALLAHASSEE, FL 32303 US | Mailing Address 814 N GADSDEN STREET TALLAHASSEE, FL 32303 US |
|---|---|



01072004 No Chg-NP CR2E037 (10/03)

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| | |
|---|---|
| 4. FEI Number 59-3015759 | 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

**DOSTER, RUSSELL S
2010 BEAVER CREEK DRIVE
HAVANA, FL 32333**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHANS, STEVE 1778 LA FRANCE TRAIL TALLAHASSEE, FL 32310 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DOSTER, RUSSELL 2010 BEAVER CREEK DR HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOBBS, WILLIAM 7235 OLD CHEMONIE COURT TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ANDREWS, MIKE 1990 BEAVER CREEK DR HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASON, RAY 1336 TIMBER RUN HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

01/14/04-80007-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael L Andrews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-12-04** Daytime Phone #: **850-222-8553**