


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 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
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3015759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	

U00000316453  
 04/19/05-80076-021 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: Russell S. Doster Date: 4-13-05 Daytime Phone #: 850-566-6203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR