

# 2005 ~~NOT-FOR-PROFIT CORPORATION~~ **ANNUAL REPORT (AR)**

Amend

Amended

DOCUMENT # 727930

1. Entity Name

CALVARY PRESBYTERIAN CHURCH, A CONGREGATION  
OF THE ORTHODOX PRESBYTERIAN CHURCH,



Principal Place of Business

814 N GADSDEN STREET  
TALLAHASSEE FL 32303  
US

Mailing Address

814 N GADSDEN STREET  
TALLAHASSEE FL 32303  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05 MAY -2 PM 12:37

FLORIDA



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3015759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOSTER, RUSSELL S  
2010 BEAVER CREEK DRIVE  
HAVANA FL 32333

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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

T ☐ Delete  
NAME SCHANS, STEVE  
STREET ADDRESS 1778 LA FRANCE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32310

DP ☐ Delete  
NAME DOSTER, RUSSELL  
STREET ADDRESS 2010 BEAVER CREEK DR  
CITY-ST-ZIP HAVANA FL 32333

D ☐ Delete  
NAME HOBBS, WILLIAM  
STREET ADDRESS 7235 OLD CHEMONIE COURT  
CITY-ST-ZIP TALLAHASSEE FL 32309

DS ☐ Delete  
NAME ANDREWS, MIKE  
STREET ADDRESS 1990 BEAVER CREEK DR  
CITY-ST-ZIP HAVANA FL 32333

D ☒ Delete  
NAME MASON, RAY  
STREET ADDRESS 1336 TIMBER RUN  
CITY-ST-ZIP HAVANA FL 32333

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell Doster

4-30-05

850-566-6203