

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 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**



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2006**

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  
2501 BEAVER CREEK DR  
HAVANA, FL 32333**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

00000390698  
01/24/06-80009-005 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *M. L. Andrews Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/06* *090 222-0553*  
Date Daytime Phone #