

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 048 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**T
SCHANS, STEVE
1778 LA FRANCE TRAIL
TALLAHASSEE FL 32310**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**DP
DOSTER, RUSSELL
2010 BEAVER CREEK DR
HAVANA FL 32333**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**D
HOBBS, WILLIAM
7235 OLD CHEMONIE COURT
TALLAHASSEE FL 32309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**DS
ANDREWS, MIKE
2501 BEAVER CREEK DR
HAVANA FL 32333**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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2258 Monaghan Dr.

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Russell S. Doster **Russell S. Doster** 2-10-08 852-566-6203