

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 729006

Entity Name: CALVARY INDEPENDENT BAPTIST CHURCH, INC.

Current Principal Place of Business:

529 CLIFFORD STREET
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

529 CLIFFORD STREET
FT. WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-1506837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPEE, MYRLE
731 LLOYD STREET
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENS, JOHN M PRESIDE
Address: 302 CECELIA DRIVE
City-St-Zip: FORT WALTON BEACH,, FL 32548 US

Title: VT () Delete
Name: LAPEE,, MYRLE VP, TRE
Address: 731 LLOYD STREET
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SEC () Delete
Name: AGUILAR, JESSE E SECRETA
Address: 821 LAUREL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVENS, JOHN M.

D

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date