2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State **DOCUMENT # 732585** 1. Entity Name 05-02-2006 90215 040 ****61.25 CALVARY BAPTIST CHURCH OF PERRY, INC. Principal Place of Business Mailing Address PO BOX 1192 PERRY FL 32348 2959 GOLF COURSE RD PERRY FL 32348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE! Number Applied For 59-2285058 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGGE, STEVE 204 BISHOP BLVD Street Address (P.O. Box Number is Not Acceptable) **PERRY FL 32347** City 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State Jan Jan OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 D TITLE Change TITLE ☐ Delete Bobbye B. Williamson NAME CREWS, ROY M NAME STREET ADDRESS 2306 GOLF COURSE ROAD STREET ADDRESS 2800 Baxter Rd. PERRY FL 32348 CITY-ST-ZIP CITY-ST-ZIP 32348 SD Delete TITLE ☐ Change ☐ Addition NAME BATTILLO, BEVERLY NAME 680 OSTEEN RD STREET ADDRESS STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JENKINS, ROBBIE NAME NAME 2370 ANDREW MORGAN DR STREET ADDRESS STREET ADDRESS **PERRY FL 32347** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CIGNATURE:

Bobbus B. Williamson H/19106

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FILED