

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90170 033 ****61.25

DOCUMENT # 733058

1. Entity Name
CALVARY BIBLE CHURCH, INC.



Principal Place of Business
**1936 E. VENICE AVE.
VENICE, FL 34292**

Mailing Address
**1936 E. VENICE AVE.
VENICE, FL 34292**

40026442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
51-0182829

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WOLTER, HARVEY
195 MORNINGSIDE RD
VENICE, FL 34293**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 P ☐ Delete
NAME JONES, R B
STREET ADDRESS 548 LA GORCE DR.
CITY-ST-ZIP VENICE, FL 34293

TITLE T ☐ Change ☒ Addition
NAME CLARK, JOSEPH
STREET ADDRESS 928 DESIRAIDE AVE W
CITY-ST-ZIP VENICE FL 34285

TITLE T ☐ Delete
NAME DESIMONE, BOB
STREET ADDRESS 360 CAPTAINS COURT
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D ☒ Change ☐ Addition
NAME DESIMONE, ROBERT
STREET ADDRESS 360 CAPTAINS CT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE T ☐ Delete
NAME SUTTON, DAVID
STREET ADDRESS 3954 ANNAPOLIS TERR
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D ☒ Change ☐ Addition
NAME SUTTON, DAVIID
STREET ADDRESS 3954 ANNAPOLIS TERR
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☒ Delete
NAME JACOBSON, REGINALD
STREET ADDRESS 390 VISTA WOODS DRIVE
CITY-ST-ZIP VENICE, FL 34293

TITLE D ☐ Change ☒ Addition
NAME LOZIER, EARL
STREET ADDRESS 2846 CRANE AVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☐ Delete
NAME WOLTER, HARVEY
STREET ADDRESS 195 MORNINGSIDE RD.
CITY-ST-ZIP VENICE, FL 34293

TITLE D ☐ Change ☒ Addition
NAME SHATTUCK, CLYDE
STREET ADDRESS 5965 VIOLA RD
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harvey C. Wolter HARVEY C. WOLTER

3-3-06

941-493-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #