## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED **DOCUMENT # 733634** Feb 12, 2007 08:00 AM **Secretary of State** CALVARY BAPTIST CHURCH OF BONIFAY, INC. Principal Place of Business Mailing Address 1300 S CHANCE RD BONIFAY FL 32425 595 SON IN LAW RD **BONIFAY FL** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVERSON, DWIGHT Street Address (P.O. Box Number is Not Acceptable) 1300 S CHANCE RD **BONIFAY FL 32425** 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIFLE THE ☐ Change Delete ☐ Addition NAME STEVERSON, DWIGHT NAME U00000632597 02/21/07-80030-005 61.25 STREET ADDRESS 1300 S CHANCE RD STREET ADDRESS CITY-ST-7IP BONIFAY FL 32425 CITY-ST-ZIP THILD ☐ Delete ☐ Addition NAME STEVERSON, CAROLE NAME STREET ADDRESS STREET ADDRESS 1300 S CHANCE RD CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 32425** TITLE ☐ Change ☐ Delete THEF ☐ Addition NAME NAME LEAVINS, WILSON STRLET ADDRESS STREET ADDRESS 1013 S MACDONALD ST CITY-ST-ZIP BONIFAY FL 32425 CHTY-SI-ZIP ☐ Change THEE. Delete TITLE Addition D NAME SYFRETT, HAYWARD NAME STREET ADDRESS STREET ADDRESS 1621 S. CHANCE R4D. CITY+ST-ZIP CITY-ST-ZIP **BONIFAY FL 32425** TITLE ☐ Delete ☐ Change Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Defete □ Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY+ST-ZIP

SIGNATURE: Dwight Steverson 2-8-07 850-541-2398

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 eath; 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.