

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

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 733634	
1. Entity Name CALVARY BAPTIST CHURCH OF BONIFAY, INC.	

Principal Place of Business 595 SON IN LAW RD BONIFAY FL	Mailing Address 1300 S CHANCE RD BONIFAY FL 32425
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent STEVERSON, DWIGHT 1300 S CHANCE RD BONIFAY FL 32425

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
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 re-instating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STEVERSON, DWIGHT 1300 S CHANCE RD BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST STEVERSON, CAROLE 1300 S CHANCE RD BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LEAVINS, WILSON 1013 S MACDONALD ST BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SYFRETT, HAYWARD 1621 S. CHANCE RAD. BONIFAY FL 32425 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	02/21/08-80057-023-61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *Dwight Stevenson* Dwight Stevenson 2-11-08