2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 733634

Entity Name: CALVARY BAPTIST CHURCH OF BONIFAY, INC.

Current Principal Place of Business:

595 SON IN LAW RD
BONIFAY, FL

New Principal Place of Business:

595 SON IN LAW RD
BONIFAY, FL 32425

Current Mailing Address:

1300 S CHANCE RD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVERSON, DWIGHT
1300 S CHANCE RD
BONIFAY, FL 32425 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:	PD	( ) Delete
Name:	STEVERSON, DWIGHT	
Address:	1300 S CHANCE RD	
City-St-Zip:	BONIFAY, FL 32425	
Title:	ST	( ) Delete
Name:	STEVERSON, CAROLE	
Address:	1300 S CHANCE RD	
City-St-Zip:	BONIFAY, FL 32425	
Title:	S	( ) Delete
Name:	LEAVINS, WILSON	
Address:	1013 S MACDONALD ST	
City-St-Zip:	BONIFAY, FL 32425	
Title:	D	( ) Delete
Name:	SYFRETT, HAYWARD	
Address:	1621 S. CHANCE R4D.	
City-St-Zip:	BONIFAY, FL 32425	

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:		
Title:	D	(X) Change ( ) Addition
Name:	SYFRETT, HAYWARD	
Address:	1621 S. CHANCE RD.	
City-St-Zip:	BONIFAY, FL 32425	

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: CAROLE STEVERSON ST 03/06/2009
Electronic Signature of Signing Officer or Director — Date