

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 734892

1. Entity Name
CALVARY BAPTIST CHURCH OF MACCLENNY, FLA.,
INC.



Principal Place of Business
P O BOX 422
523 NORTH BLVD.
MACCLENNY, FL 32063

Mailing Address
P O BOX 422
523 NORTH BLVD.
MACCLENNY, FL 32063



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1711342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, DONNIE E
7377 BIG BEAR LANE
GLEN SAINT MARY, FL 32040

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, DONNIE E
STREET ADDRESS 7377 BIG BEAR LANE
CITY - ST - ZIP GLEN SAINT MARY, FL 32040

TITLE D
NAME KEENE, V H JR
STREET ADDRESS 7322 JUNIPER ROAD
CITY - ST - ZIP MACCLENNY, FL 32063

TITLE T
NAME ORBERG, JOHN W
STREET ADDRESS 7397 JUNIPER ROAD
CITY - ST - ZIP MACCLENNY, FL 32063

TITLE D
NAME WALLSTEDT, RICHARD
STREET ADDRESS 8552 E BEN ROWE CIRCLE
CITY - ST - ZIP MACCLENNY, FL 32063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Donnie E Williams Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donnie E Williams Jr.
Date

1-4-06 9042594529
Daytime Phone #