

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734892**

1. Entity Name  
**CALVARY BAPTIST CHURCH OF MACCLENLY, FLA.,  
INC.**



Principal Place of Business

**P O BOX 422  
523 NORTH BLVD.  
MACCLENLY, FL 32063**

Mailing Address

**P O BOX 422  
523 NORTH BLVD.  
MACCLENLY, FL 32063**



01052008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

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 MACCLENLY, FL 32063

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776444  
01/09/08-80024-007 61.25

**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.* **Donnie E Williams SA 1-608 259-4529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #