

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# 741427

Entity Name: CALVARY CHURCH OF THE NAZARENE, APOPKA INC.

Current Principal Place of Business:

750 ROGER WILLIAMS ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

750 ROGER WILLIAMS ROAD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-1870897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTTON, RICHARD
1545 SMOKETREE CIR
APOPKA, FL 32712 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: PAGE, JAMES F
Address: 4416 ROCK HILL LOOP
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: TRIPLETT, ELZORA
Address: 5522 EFFIE RD.
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: HUTTON, RICHARD
Address: 1545 SMOKETREE CIR
City-St-Zip: APOPKA, FL 32712

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:

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: JAMES F. PAGE

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date