


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # 753646		
1. Entity Name CALVARY BAPTIST CHURCH OF DEFUNIAK SPRINGS, INC.		
Principal Place of Business 75 CHURCH STREET DEFUNIAK SPRINGS, FL 32433 US		Mailing Address P.O. BOX 603 DEFUNIAK SPRINGS, FL 32435-0603 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEDDON, PAUL R. 59 S 4TH STREET DEFUNIAK SPRINGS, FL 32435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	CD	
NAME	LEDON, PAUL R.	
STREET ADDRESS	59 S 4TH STREET	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL	
TITLE	TR	
NAME	GLASS, ROBERT S	
STREET ADDRESS	350 BASS HAVEN DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	TR	
NAME	TAYLOR, AARON	
STREET ADDRESS	93 W. RAPHAEL ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Paul Leddon Paul Leddon</i>		1-10-07 (850) 892-3667
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3385554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**