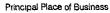
## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT #753646**

1. Entity Name

CALVARY BAPTIST CHURCH OF DEFUNIAK SPRINGS,

INC.



Mailing Address

75 CHURCH STREET

P.O. BOX 603

DEFUNIAK SPRINGS, FL 32433 US

DEFUNIAK SPRINGS, FL 32435-0603 US

### FILED Feb 01, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3385554 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

		-			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and till	e if annilirable OVOIF Registered	Agent rionatur	required when reinstaling)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	02/07/07-80066-014 61.25
10.	OFFICERS AND DIRE	CTORS	· · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEDON, PAUL R. 59 S 4TH STREET DEFUNIAK SPRINGS, FL	,		•	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GLASS, ROBERT S 350 BASS HAVEN DRIVE DEFUNIAK SPRINGS, FL 32433				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	TR TAYLOR, AARON 93 W. RAPHAEL ROAD DEFUNIAK SPRINGS, FL 32433		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:

Paul Ledfon Paul Leddon SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNATURE OF SIGNATU

1-10-07

(850) 892-3667

Daytime Phone #