


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753646</b> 1. Entity Name <b>CALVARY BAPTIST CHURCH OF DEFUNIAK SPRINGS, INC.</b>		
Principal Place of Business <b>75 CHURCH STREET DEFUNIAK SPRINGS, FL 32433 US</b>	Mailing Address <b>P.O. BOX 603 DEFUNIAK SPRINGS, FL 32435-0603 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>LEDDON, PAUL R. 59 S 4TH STREET DEFUNIAK SPRINGS, FL 32435</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
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 NAME STREET ADDRESS CITY-ST-ZIP	TR TAYLOR, AARON 93 W. RAPHAEL ROAD DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>		
<b>SIGNATURE:</b> <u>Paul Leddon</u> <u>Paul Leddon</u> <u>1/25/08</u> <u>850-892-3667</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072008 No Chg-NP CR2E037 (4/06)

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

U00000802475  
02/01/08-80060-024 61.25

**DO NOT WRITE  
IN THIS SPACE**