


-2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 758824
 1. Entity Name
CALVARY HOLINESS CHURCH OF GOD, INC.



Principal Place of Business Mailing Address
21455 NW 32ND AVE **21455 NW 32ND AVE**
CAROL CITY FL 33056 **CAROL CITY FL 33056**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SANDERS, LINELL
20500 NORTHWEST 23RD AVENUE
OPALOCKA FL

4. FEI Number Applied For
59-2233813 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, LINELL	
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	OPALOCKA, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMILTON, MYRA	
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	C	<input type="checkbox"/> Delete
NAME	POMPEY, MELBA	
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, SARAH B	
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	APALOCKA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, SHADEL	
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONYERS, TAMMY B	
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Section 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: Tammy B. Conyers / Tammy B. CONYERS 4-22-06 305 624-47

