2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 758824

Entity Name: CALVARY HOLINESS CHURCH OF GOD, INC.

Current Principal Place of Business:

21455 NW 32ND AVE
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

21455 NW 32ND AVE
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 59-2233813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, LINELL
20500 NOTHWEST 23RD AVENUE
OPALOCKA, FL 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: SANDERS, LINELL,
Address: 20500 NW 23RD AVE
City-St-Zip: OPALOCKA, FL 00000,

Title: T ( ) Delete
Name: HAMILTON, MYRA
Address: 3521 NW 206 ST
City-St-Zip: CAROL CITY, FL 33056

Title: C ( ) Delete
Name: POMPEY, MELBA
Address: 2850 NW 209 TERR
City-St-Zip: CAROL CITY, FL 33056

Title: D ( ) Delete
Name: SANDERS, SARAH B,
Address: 20500 NW 23RD AVE
City-St-Zip: APALOCKA, FL 00000,

Title: D ( ) Delete
Name: HAMILTON, SHADEL
Address: 3521 NW 206 ST
City-St-Zip: CAROL CITY, FL 33056

Title: S ( ) Delete
Name: CONYERS, TAMMY B
Address: 2850 NW 209 TERR
City-St-Zip: CAROL CITY, FL 33056

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:

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: TAMMY B. CONYERS SECR 03/04/2009

Electronic Signature of Signing Officer or Director — Date