

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90037 008 \*\*\*\*61.25

**DOCUMENT # 762966**

1. Entity Name

CALVARY GRACE BRETHREN CHURCH, INC.



Principal Place of Business

3165 HOWLAND BLVD.  
DELTONA FL 32725

Mailing Address

3165 HOWLAND BLVD.  
DELTONA FL 32725

54006743



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2120943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPARZAK, PASTOR CHET  
1009 NORWOOD DR  
DELTONA FL 32725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

T BOLTZ, RAY ☒ Delete  
STREET ADDRESS 468 SOUTH LEAVITT AVENUE  
CITY-ST-ZIP ORANGE CITY FL

T COMBS, CLEO ☒ Delete  
STREET ADDRESS 963 TRUMBULL ST  
CITY-ST-ZIP DELTON FL

T HANCOCK, ROGER ☐ Delete  
STREET ADDRESS 862 SHENANDOAH AVE.  
CITY-ST-ZIP DELTONA FL 32725

P SPARZAK, CHET ☐ Delete  
STREET ADDRESS 1009 NORWOOD DR.  
CITY-ST-ZIP DELTONA, FL 32725

☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PASTOR CHET SPARZAK 1/28/04 386-789-1289