

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90049 028 \*\*\*\*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**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 *Pastor Chet J. Sparzak* **Pastor Chet J. Sparzak**

*3/22/06*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANCOCK, ROGER 862 SHENANDOAH AVE. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPARZAK, CHET 1009 NORWOOD DR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>FREEMAN, GEORGIANN</del> <i>Zimmerman, Karen</i> <del>3746 ORAMERCY DR</del> <i>190 E. CRAIG ROAD</i> <del>DELTONA, FL 32730</del> <i>LAKE HILLEN, FL 32744</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Pastor Chet J. Sparzak* **Pastor Chet J. Sparzak** *3/22/06* **(386) 789-1289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #