

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90209 002 \*\*\*\*61.25

<b>DOCUMENT # 762966</b> 1. Entity Name <b>CALVARY GRACE BRETHREN CHURCH, INC.</b>					
Principal Place of Business <b>3165 HOWLAND BLVD.</b> <b>DELTONA, FL 32725</b>			Mailing Address <b>3165 HOWLAND BLVD.</b> <b>DELTONA, FL 32725</b>		
2. Principal Place of Business, No P.O. Box # <b>1009 Norwood Drive</b>		3. Mailing Address <b>1009 Norwood Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Deltona, FL</b>		City & State <b>Deltona FL</b>		4. FEI Number <b>59-2120943</b>	
Zip <b>32725</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPARZAK, PASTOR CHET</b> <b>1009 NORWOOD DR</b> <b>DELTONA, FL 32725</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Pastor Chet Sparzak</u> (Pastor Chet Sparzak) DATE <u>1/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HANCOCK, ROGER</b> <b>862 SHENANDOAH AVE.</b> <b>DELTONA, FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Leon Zimmerman</b> <b>190 E Craig Rd</b> <b>Lake Helen, FL 32744</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SPARZAK, CHET</b> <b>1009 NORWOOD DR.</b> <b>DELTONA, FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZIMMERMAN, KAREN</b> <b>190 E. CRAIG ROAD</b> <b>LAKE HELEN, FL 32744</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>SIGNATURE:</b> <u>Pastor Chet Sparzak</u> <u>Pastor Chet Sparzak</u> <u>1/11/07</u> <u>(386) 748-7103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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