


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 020 ****61.25

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| DOCUMENT # 762966 | |  |
| 1. Entity Name CALVARY GRACE BRETHREN CHURCH, INC. | | |
| Principal Place of Business 1009 NORWOOD DRIVE DELTONA, FL 32725 | Mailing Address 1009 NORWOOD DRIVE DELTONA, FL 32725 | |



01082008 Chg-NP CR2E037 (12/06)

Calvary Grace Brethren Church
2068 Elkcam Boulevard
Deltona, FL 32725

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Deltona, FL 32725

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|--|---------------------------|-----|---------------------------|------------------------------------|-------------------------------|
| Zip | Country <i>Volusia</i> | Zip | Country <i>Volusia</i> | 4. FEI Number 59-2120943 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SPARZAK, PASTOR CHET 1009 NORWOOD DR DELTONA, FL 32725 | | 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 *Chet Sparzak* **CHET SPARZAK** 1/10/08
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, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ZIMMERMAN, LEON 190 E CRAIG RD LAKE HELEN, FL 32744 <input checked="" 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 | P + T SPARZAK, CHET 1009 NORWOOD DR. DELTONA, FL 32725 <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 | S ZIMMERMAN, KAREN 190 E. CRAIG ROAD LAKE HELEN, FL 32744 <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 |
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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: *Chet Sparzak* **Chet Sparzak** 1/10/08 386.748.7103
Signature and typed or printed name of signing officer or director Date Daytime Phone #