

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004291

FILED
Jul 06, 2005
Secretary of State

Entity Name: CALVARY APOSTOLIC CHURCH OF WILDWOOD INC.

Current Principal Place of Business:

P.O. BOX 394,10681,RT.301
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 394,10681,RT.301
OXFORD, FL 34484

New Mailing Address:

FEI Number: 59-3640122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIGGS, BRUCE
10671 RT.301
OXFORD, FL 34484 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: D () Delete
Name: BRIGGS, B. REV.
Address: P.O. BOX 394,10681,RT.301
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: WILEY, EARL
Address: 45 S. BOBWHITE RD.
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: GRIFFIN, JONATHAN
Address: 10060 SE 169TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

Title: ST () Delete
Name: GRIFFIN, JOY
Address: 10060 SE 169TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: B. BRIGGS

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date