

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90006 018 ****61.25

DOCUMENT # N00000005605					
1. Entity Name CALVARY APOSTOLIC CHURCH OF CRESTVIEW, FLORIDA, INC.					
Principal Place of Business 100 OLD MILLIGAN RD. CRESTVIEW, FL 32539 US			Mailing Address PO BOX 112 CRESTVIEW, FL 32539 US		
2. Principal Place of Business 1010 Bay St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview FL		City & State			
Zip 32536		Country US		4. FEI Number 59-3666596	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCINNIS, C. JEFFREY 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH, FL 32547-6711			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 _____ (NOTE: Registered Agent signature required when reissuing)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROY, DAVID <input type="checkbox"/> Delete 109 MOHAWK TRAIL CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELPS, KEN <input type="checkbox"/> Delete 108 PADDLE WHEEL COVE CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRANEFF, CHARLES JR <input type="checkbox"/> Delete P O BOX 112 CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELPS, LINDA <input type="checkbox"/> Delete 108 PADDLE WHEEL COVE CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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.					
SIGNATURE: <i>Linda Phelps</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/3/06 Daytime Phone #: 850.682.7928					