

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005605

1. Entity Name
**CALVARY APOSTOLIC CHURCH OF CRESTVIEW,
FLORIDA, INC.**



Principal Place of Business
**1010 BAY ST.
CRESTVIEW, FL 32536 US**

Mailing Address
**PO BOX 112
CRESTVIEW, FL 32539 US**

DO NOT WRITE IN THIS SPACE



07182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3666596	Applied For <input type="checkbox"/> Not Applicable
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**

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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 _____

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 September 14, 2007**

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	D ROY, DAVID 109 MOHAWK TRAIL CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, KEN 108 PADDLE WHEEL COVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANEFF, CHARLES JR P O BOX 112 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, LINDA 108 PADDLE WHEEL COVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/07-80001-010 61.25

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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: *Linda C. Phelps* **LINDA C. PHELPS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/07
Date

850 682-7928
Daytime Phone #