

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 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



05312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3666596	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

**MCINNIS, C. JEFFREY
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547-6711**

**DO NOT WRITE
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

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06/04/08-80088-014 61.25

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROY, DAVID**
STREET ADDRESS **109 MOHAWK TRAIL**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D**
NAME **PHELPS, KEN**
STREET ADDRESS **108 PADDLE WHEEL COVE**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D**
NAME **BRANEFF, CHARLES JR**
STREET ADDRESS **P O BOX 112**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D**
NAME **PHELPS, LINDA**
STREET ADDRESS **108 PADDLE WHEEL COVE**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 817, 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, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/08

850-682-7928