

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005605

FILED
Apr 10, 2009
Secretary of State

Entity Name: CALVARY APOSTOLIC CHURCH OF CRESTVIEW, FLORIDA, INC.

Current Principal Place of Business:

1010 BAY ST.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 112
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-3666596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 325476711 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: ROY, DAVID
Address: 109 MOHAWK TRAIL
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: PHELPS, KEN
Address: 108 PADDLE WHEEL COVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BRANEFF, CHARLES JR
Address: P O BOX 112
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: PHELPS, LINDA
Address: 108 PADDLE WHEEL COVE
City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: PATE, JONATHAN
Address: P.O. BOX 112
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Change (X) Addition
Name: LIDDON, TERRY
Address: P. O. BOX 112
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA C. PHELPS

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date