

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00198

1. Entity Name
CALVARY BAPTIST CHURCH INC. CAPE CORAL,
FLORIDA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV -9 PM 2:35

Principal Place of Business
435 SE 10TH TERR

CAPE CORAL, FL 33990 US

Mailing Address
POST OFFICE BOX 150354
CAPE CORAL, FL 33915 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007 REIN-NP

CR2E099 (1/07)

4. FEI Number
59-2231506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HITCHCOCK, CHAD
5855 LITTLE STONE CT
NORTH FORT MYERS, FL 33903

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 *Pastor Chad Hitchcock*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/07

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

in accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HITCHCOCK, CHAD
STREET ADDRESS 5855 LITTLE STONE CT.
CITY-ST-ZIP NORTH FORT MYERS, FL 33903 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500111464095
10/29/07--01069--008 ***236.25

TITLE S
NAME WHALLEY, SHIRLEY
STREET ADDRESS 3817 COUNTRY CLUB BLVD. #1
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME WILLIAMS, DOUG
STREET ADDRESS 1443 SE 11 TERR
CITY-ST-ZIP CAPE CORAL, FL 33990 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BACH, JOHN
STREET ADDRESS 271 LAKESIDE DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Douglas C Williams, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/24/07*

Daytime Phone #

REINSTATEMENT