

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001079

Entity Name: CALVARY BAPTIST CHURCH OF I.L.E., INC.

FILED
Feb 04, 2004
Secretary of State

Current Principal Place of Business:

14907 SR 60 E
SUITE B
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

PO BOX 7219
INDIAN LAKE ESTATES, FL 33855

New Mailing Address:

FEI Number: 59-3710799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHODES, JANET L
708 BOUGAINVILLEA DR.
INDIAN LAKE ESTATES, FL 33855 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: DP () Delete
Name: SHAHAN, CHUCK
Address: PO BOX 7907
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: DV () Delete
Name: YEOMANS, JAMES
Address: 2270 TIGER CREEK FOREST
City-St-Zip: LAKE WALES, FL 33853

Title: DT () Delete
Name: RHODES, THOMAS C
Address: PO BOX 7219
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: DS () Delete
Name: SNOW, PHYLLIS
Address: 1574 GRANADA CT.
City-St-Zip: LAKE WALES, FL 33853

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS C. RHODES

DT

02/04/2004

Electronic Signature of Signing Officer or Director

Date