2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90275 033 ****61.25

DOCUMENT # N02000004772

1. Entity Name

CALVARY COMMUNITY CHURCH OF SUMMERFIELD, INC.

Principal Place of Business	Mailing Address
5960 SE 126TH STREET BELLEVIEW FL 34420	16901 SE 23 AVENUE SUMMERFIELD FL 34491

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
5966 SE 126TH ST	WILLIAM CASTER
Suite, Apt. #, etc.	~~Suite, Apt. #, etc.~~ 14660 SE 55TH AVE
City & State: BELLEVIEW FL.	City & State: Summerfield FL
Zip: 34420 Country: MARION	Zip: 34491 Country: MARION

4. FEI Number: 38-3646957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOXLEY, JOHN
2320 NE 2ND STREET
SUITE 4
OCALA FL 34470

7. Name and Address of New Registered Agent

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: William Caster 4-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTER, WILLIAM 14660 SE 55TH AVENUE SUMMERFIELD FL 34491	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD William Caster 14660 SE 55th Ave Summerfield FL 34491	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVENPORT, ERMA E 15571 S.W. 34 CT ROAD OCALA FL 34473	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Martin Knoble 4855 145 Pl Summerfield FL 34491	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Mitchell, Eulene 14595 SE 51ct. Summerfield, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mitchell, Eulene 14595 SE 99Ave. Summerfield, FL 34491	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOREHOUSE, ROBERT 16901 SE 23RD AVENUE SUMMERFIELD FL 34491	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: WILLIAM CASTER April 11- 05 352-347-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #