2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000008859



FILED

Apr 05, 2005 8:00 am Secretary of State

1. Entity Name CALVARY BAPTIST CHURCH OF CHATTAHOOCHEE, INC.								04-05-2005	5 90054	U46 ****61	25	
Principal Plac 5924 BLUE S CHATTAHOCK	STAR HWY	Mailing Address 5924 BLUE STAR HWY CHATTAHOCHEE, FL 32324					:	•				
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02212005	Chg-NP	CR2E	(037 (10/03)	
City & State			City & State					4. FEI Numbe			Ap	plied For
Zip Country			Zip Cou			intry	_	5. Certificate	of Status Desired		\$8.75 Add	
	6 Name	and Address of Current	Registered	Agent .				7 Name and	Address of New	Registere		
6Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent." Name						
C/O'MOWREY & BRIGGS, P.A. 515 N ADAMS STREET						Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE, FL	32301				City					Zip Cod	A
						J.,				F	L Lip sou	·
	named entit tions of regist	y submits this statement fo tered agent.	r the purpos	e of changing its r	egister	ed office o	r register	ed agent, or bo	th, in the State of F	Florida. I a	m familiar with,	and accept
SIGNATURE .		or printed name of registered agent.	and title if applic	able. (NOTE:	Registere	d Agent signa	Derivoer eru	when reinstating)		DATE	<u> </u>	
							· · · · · ·				 	
									5 3 -			
	_		1	9. Election Cam Trust Fund Co				\$5.00 May B Added to Fees			ock payable to artment of Si	
10.	_		RECTORS				Ц	Added to Fees		orida Dep	artment of S	tate
10.	_	May 1, 2005	RECTORS	Trust Fund Co	ontribut	on.		Added to Fees	Flo	orida Dep	artment of S	tate
	Due by N	May 1, 2005	RECTORS		ontribut	ion.	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	artment of SI	tate
TITLE	P COUMBE	Aay 1, 2005 OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLI	ion.	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	artment of SI	tate
TITLE NAME	P COUMBE 5924 BLU	OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLI NAM	ion.	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	artment of SI	tate
TITLE NAME STREET ADDRESS	P COUMBE 5924 BLU	OFFICERS AND DIF OFFICERS AND DIF SE, NOLAN SE STAR HWY	RECTORS	Trust Fund Co	11. TITLI NAM	E E ET ADDRESS •ST-ZIP	□ 	Added to Fees	Flo	DERS AND	artment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUMBE 5924 BLU CHATTAK	OFFICERS AND DIF OFFICERS AND DIF SE, NOLAN SE STAR HWY	RECTORS	Trust Fund Co	11. TITLI NAM STRE	E ET ADDRESS	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P COUMBE 5924 BLU CHATTAN V PEACOC	OFFICERS AND DIF E, NOLAN IE STAR HWY HOCHEE, FL 32324	RECTORS	Trust Fund Co	11. TITUI NAM STRE CITY TITUI	E ET ADDRESS	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P COUMBE 5924 BLU CHATTAN V PEACOC 5924 BLU	OFFICERS AND DIF E. NOLAN IE STAR HWY HOCHEE, FL 32324 K, JAMES E	RECTORS	Trust Fund Co	11. TITUI NAM STRE CITY TITUI NAM STRE	E E ET ADDRESS -ST-ZIP	□ 	Added to Fees	ANGES TO OFFIC	DERS AND	DIRECTORS IN Change	tate
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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.

4-4-05 Date

850-526-3817