

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000008859

1. Entity Name
**CALVARY BAPTIST CHURCH OF CHATTAHOOCHEE,
INC.**



Principal Place of Business
**5924 BLUE STAR HWY
CHATTAHOOCHEE, FL 32324**

Mailing Address
**5924 BLUE STAR HWY
CHATTAHOOCHEE, FL 32324**



03142007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2292186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOWREY, RONALD A
C/O MOWREY & BRIGGS, P.A.
515 N ADAMS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME CUMBE, NOLAN
STREET ADDRESS 5924 BLUE STAR HWY
CITY-ST-ZIP CHATTAHOOCHEE, FL 32324

TITLE V
NAME PEACOCK, JAMES E
STREET ADDRESS 5924 BLUE STAR HWY
CITY-ST-ZIP CHATTAHOOCHEE, FL 32324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: **NOLAN CUMBE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07
Date

850-536-3817
Daytime Phone #