

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002145

FILED
Jan 17, 2009
Secretary of State

Entity Name: CALVARY CHRISTIAN KIDS FOUNDATION, INC.

Current Principal Place of Business:

2175 BUENA VISTA AVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

2175 BUENA VISTA AVE
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 20-2293653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKTELA, RICHARD L
2175 BUENA VISTA AVE
MELBOURNE, FL 32934 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: P () Delete
Name: OKTELA, RICHARD L
Address: 2175 BUENA VISTA AVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: T () Delete
Name: KETTERING, CLAYTON
Address: 1390 WHALING AVE SE
City-St-Zip: PALM BAY, FL 32909 US

Title: SECT () Delete
Name: KING, LENOX
Address: 1942 WOODFIELD CIR.
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP () Delete
Name: BURGER, ROBERT T
Address: 200 S HARBOR CITY BLVD STE 303
City-St-Zip: MELBOURNE, FL 32935 US

Title: D () Delete
Name: KEMPFER, HOPPY
Address: 6210 KEMPFER RD.
City-St-Zip: ST. CLOUD, FL 34773 US

Title: D () Delete
Name: HONEYCUTT, MEL
Address: 1698 EMMAUS RD , NW
City-St-Zip: PALM BAY, FL 32907 US

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
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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 exemption stated 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 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: RICHARD L OKTELA

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date