



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

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004031</b> 1. Entity Name <b>CALVARY BAPTIST CHURCH, INC. OF GREATER BEVERLY HILLS</b>	
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Principal Place of Business <b>P. O. BOX 641554 BEVERLY HILLS, FL 34464</b>	Mailing Address <b>P. O. BOX 641554 BEVERLY HILLS, FL 34464</b>
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**DO NOT WRITE IN THIS SPACE**

  
07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>06-1743778</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FARIA, ROBERT  
2729 W. MESA VERDE DR  
BEVERLY HILLS, FL 34465**

**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

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FARIA, ROBERT 2729 W. MESA VERDE DR BEVERLY HILLS, FL 34465</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUGHES, JESSE 4161 N MAE WEST WAY BEVERLY HILLS, FL 34465</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DAVIS, DELOS 3401 N. TAMARISK AVE BEVERLY HILLS, FL 34465</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WILLIAMSON, CARL 101 S LINCOLN AVE BEVERLY HILLS, FL 34465</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**U00000767726  
07/10/07-80016-020 61.25**

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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: Faria, Robert** **7-6-07** **352-527-4588**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #