

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 023 ****61.25

DOCUMENT # N05000004031					
1. Entity Name CALVARY BAPTIST CHURCH, INC. OF GREATER BEVERLY HILLS					
Principal Place of Business P. O. BOX 641554 BEVERLY HILLS, FL 34464			Mailing Address P. O. BOX 641554 BEVERLY HILLS, FL 34464		
2. Principal Place of Business - No P.O. Box # 2075 North Lecanto Hwy		3. Mailing Address P.O. Box 641554			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State Lecanto, Florida		City & State Beverly Hills, Florida		4. FEI Number 06-1743778	
Zip 34461		Country Citrus		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARIA, ROBERT 2729 W. MESA VERDE DR BEVERLY HILLS, FL 34465			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by September 12, 2008		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	D FARIA, ROBERT 2729 W. MESA VERDE DR BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HUGHES, JESSE 4161 N MAE WEST WAY BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILLIAMSON, CARL 101 S LINCOLN AVE BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7-30-08 Daytime Phone #: 352-746-3453		