


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-23-2006 90003 032 ****61.25

DOCUMENT # N05000004331

1. Entity Name
CALVARY ANGLICAN CHURCH, INC.



Principal Place of Business
**795 MAYPORT RD.
 ATLANTIC BEACH, FL 32233**

Mailing Address
**795 MAYPORT RD.
 ATLANTIC BEACH, FL 32233**

66009712



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

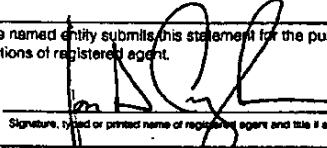
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**BRODEUR, THOMAS J
 13245 ATLANTIC BOULEVARD
 SUITE 4-248
 JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent
 Name **Jon David Cunningham**
 Street Address (P.O. Box Number is Not Acceptable)
12917 Pine Burr Lane East
 City **Jacksonville** FL Zip Code **32246**

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  **Vice Chairman** 3-20-06
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, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD COLLINS, ELIZABETH D 1890 WILLEDSON DRIVE, EAST JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BELLINGRATH, JAMES B 4532 NORTH CAROLINA COVE LANE JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLD HESS, ROBERT E JR 6721 BARKWOOD DRIVE JACKSONVILLE BEACH, FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWTON, EDWARD A 1809 LIVE OAK LANE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, KIM ELIZABETH 13891 IBIS POINT BLVD. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V&D Jon David Cunningham 12917 Pine Burr Lane East Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD Bellingrath, James B. 4532 North Carolyn Cove Lane Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy E. Andrade 2337 Oceanforest Drive West Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jo Ann Abdullah 143 30th Avenue South Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cynthia L. Catalan-Rodriguez 1785 Selva Marina Drive Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  3-20-06 904-730-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #