
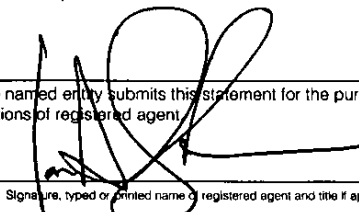
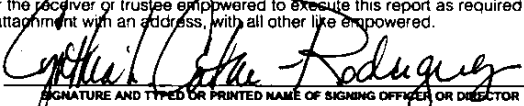


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 006 ****70.00

DOCUMENT # N05000004331			
1. Entity Name CALVARY ANGLICAN CHURCH, INC.			
Principal Place of Business 3044 SAN PABLO RD. JACKSONVILLE, FL 32224		Mailing Address 3044 SAN PABLO RD. JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052008		Chg-NP	CR2E037 (12/06)
4. FEI Number 20-2744535		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUNNINGHAM, JON D 12917 PINE BURR LANE EAST JACKSONVILLE, FL 32246		Name <u>Cunningham, Jon D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1715 Hodges Blvd # 2919</u> City <u>Jacksonville</u> FL Zip Code <u>32224</u>	
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 		Jon D. Cunningham 3/26/08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	VCD CUNNINGHAM, JON D 12917 PINE BURR LANE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cunningham, Jon D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1715 Hodges Blvd # 2919 Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KETEMEN, DENNIS M 4823 LATIMER ROAD SOUTH JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kelemen, Dennis M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4823 Latimer Road south Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CATALAN-RODRIGUEZ, CYNTHIA L 1785 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, TROY E 2337 OCEANFRONT DRIVE WEST ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, KIM ELIZABETH <input checked="" type="checkbox"/> Delete 13891 IBIS POINT BLVD. JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Holland, Gloria <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1350 Jean Ct. Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLAH, JOANN <input checked="" type="checkbox"/> Delete 143 30TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joann Mackey, Joannie A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14210 Hampton Falls Dr. N. Jacksonville, FL 32224
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: 		Cynthia Catalan-Rodriguez 3/26/08 904) 553-6014 Date Daytime Phone #	

40060921



01052008 Chg-NP CR2E037 (12/06)

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Filing Fee is \$61.25
Due by May 1, 2008

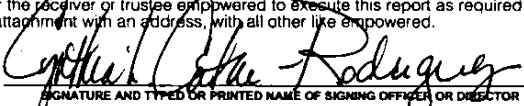
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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SIGNATURE:  Cynthia Catalan-Rodriguez 3/26/08 904) 553-6014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #