

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006346

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** CALVARY MISSIONARY BAPTIST CHURCH OF DELTONA-OSTEEN, INC.

**Current Principal Place of Business:**

671 NORTH STATE ROAD ROAD 415  
OSTEEN, FL 327640821

**New Principal Place of Business:**

671 NORTH STATE ROAD ROAD 415  
OSTEEN, FL 32764

**Current Mailing Address:**

P.O. BOX 821  
OSTEEN, FL 32764

**New Mailing Address:**

**FEI Number:** 20-3972143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARLETT, DAVID R  
671 NORTH STATE ROAD ROAD 415  
OSTEEN, FL 327640821 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: DP ( ) Delete  
Name: SCARLETT, SAMUEL  
Address: P.O. BOX 821  
City-St-Zip: OSTEEN, FL 327640821

Title: DV ( ) Delete  
Name: CARLEY, KEN  
Address: P.O. BOX 821  
City-St-Zip: OSTEEN, FL 327640821

Title: DS ( ) Delete  
Name: LOCKE, CONNIE  
Address: P.O. BOX 821  
City-St-Zip: OSTEEN, FL 327640821

Title: DT ( ) Delete  
Name: DYER, JOHN  
Address: P.O. BOX 821  
City-St-Zip: OSTEEN, FL 327640821

Title: TT ( ) Delete  
Name: PORTER, ROBERT  
Address: P.O. BOX 821  
City-St-Zip: OSTEEN, FL 327640821

**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  
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 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: SAMUEL R SCARLETT

DP

04/29/2006

Electronic Signature of Signing Officer or Director

Date