

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006346

FILED
Apr 27, 2009
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 32764

New Principal Place of Business:

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: HARPER, GREG
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

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:

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2009

Electronic Signature of Signing Officer or Director

Date