2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000008285

1. Entity Name
CALVARY BAPTIST CHURCH OF DAYTONA BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
210 N PENINSULA DRIVE DAYTONA BEACH, FL 32118	210 N PENINSULA DRIVE DAYTONA BEACH, FL 32118

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03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0637820

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFETT, HENRY P
120 E GRANADA BLVD
ORMOND BEACH, FL 32176

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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: Henry P. Duffett 3/30/06
Signature, typed or printed name of registered agent and title if applicable (Only 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDWARDS, A RONALD
STREET ADDRESS	1625 RIDGE AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	D
NAME	PERRY, ADNER
STREET ADDRESS	48 BEACHWOOD DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DT
NAME	DUFFETT, HENRY P
STREET ADDRESS	1167 N HALIFAX AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	T
NAME	RIHERD, SHIRLEY
STREET ADDRESS	336 PELICAN AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	P
NAME	LAWSON, ROBERT PASTOR
STREET ADDRESS	210 N PENINSULA DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80095-020 61.25

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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: Rev Robert Lawson 3/30/06 (386)252-3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #