

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009276

FILED
Apr 02, 2008
Secretary of State

Entity Name: CALVARY BAPTIST CHURCH OF LAKE CITY, FL, INC.

Current Principal Place of Business:

776 NW COUNTY RD. 25A
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 1353
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3089567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUMPH, BETTY
296 NW OLIVE GLEN
LAKE CITY, FL 32055 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: P () Delete
Name: CLEMENTS, IVAN
Address: 1894 SW HALTIWANGER RD.
City-St-Zip: LAKE CITY, FL 32024

Title: V () Delete
Name: WALKER, CLARENCE
Address: 186 NE OSBURN WAY
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: STUMPH, BETTY
Address: 296 NW OLIVE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: KEEN, KENNETH
Address: 131 SW CODY CT.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: LUMBERT, HARRY
Address: 406 SW BARNETT LN.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: TAYLOR, BILL
Address: 178 NE CARRIER PLACE
City-St-Zip: LAKE CITY, FL 32055

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:

Title: D (X) Change () Addition
Name: KEEN, SHIRLEY
Address: 131 S W CODY CT
City-St-Zip: LAKE CITY, FL 32024

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: BETTY STUMPH

S

04/02/2008

Electronic Signature of Signing Officer or Director

Date