

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009276

FILED  
Feb 12, 2009  
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: KEEN, SHIRLEY  
Address: 131 S W CODY CT  
City-St-Zip: LAKE CITY, FL 32024

**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: ( ) 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: BETTY STUMPH

S

02/12/2009

Electronic Signature of Signing Officer or Director

Date