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.

Name and Address of Current Registered Agent: STUMPH, BETTY 296 NW OLIVE GLEN LAKE CITY, FL 32055 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bein the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Occupant Date	sainal Dise	of Business	Navy Dain sin at Disse	of Business	
Current Mailing Address: P.O. BOX 1933 LAKE CITY, FL 32056 FEI Number: 59-3089567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: STUMPH, BETTY 296 NW OLIVE GLEN LAKE CITY, FL 32055 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Surrent Prir	ncipai Piac	e or business:	New Principal Place	e ot business:	
P.O. BOX 1353 LAKE CITY, FL 32056 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be not the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date			25A			
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Name and Address of Current Registered Agent: STUMPH, BETTY 296 NW OLIVE GLEN LAKE CITY, FL 32055 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent						
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296 NW ÓLIVE GLEN LAKE CITY, FL 32055 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and A	ddress of (Current Registered Agent:	Name and Address	of New Registered Agent:	
In the State of Florida Electronic Signature of Registered Agent	296 NW ÓLI\	VE GLEN	US			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE: P			submits this statement for the purpose	e of changing its registere	ed office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVES. Title: P () Delete () Delete () Clampe () Addition () Name: () Clements, IVAN () Name: () Clements, IVAN () Name: () Clements, IVAN () Cl	SIGNATURE					
Title:		Electro	nic Signature of Registered Agent		Date	
Name: CLEMENTS, VAN	OFFICERS A	AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: WALKER, CLÂRENCE Name: Address: 186 NE OSBURN WAY Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: STUMPH, BETTY Name: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: KEEN, KENNETH Name: Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: LUMBERT, HARRY Name: Address: Address: 406 SW BARNETT LN. Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: KEEN, SHIRLEY Name: Address: 131 S W CODY CT Address:	Name: (Nddress: 1	CLEMENTS, Ì\ 1894 SW HAL	/AN TIWANGER RD.	Name: Address:	() Change() Addition	
Name: STUMPH, BETTY Address: 296 NW OLIVE GLEN City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: LAKE CITY, FL 32055 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 City-St-Zip: LAKE CITY, FL 32024 Title: D () Delete Title: () Change () Addition Name: LUMBERT, HARRY Name: LUMBERT, HARRY Address: 406 SW BARNETT LN. City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024 Title: D () Delete Title: () Change () Addition Name: KEEN, SHIRLEY Name: KEEN, SHIRLEY Name: KEEN, SHIRLEY Address: 131 S W CODY CT Address: 131 S W CODY CT	Name: \ Nddress: ^	WALKER, CLA 186 NE OSBUI	RENCE RN WAY	Name: Address:	() Change () Addition	
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	Name: ł Nddress: ´	KEEN, SHIRLE 131 S W COD	EY Y CT	Name: Address:	() Change () Addition	

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