

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90008 035 \*\*\*\*78.75

<b>DOCUMENT # N05000010229</b> 1. Entity Name <b>CALVARY OPEN BIBLE COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>3900 NW 89TH AVE. HOLLYWOOD, FL 33024</b>			Mailing Address <b>3900 NW 89TH AVE. HOLLYWOOD, FL 33024</b>		
2. Principal Place of Business - No P.O. Box # <b>8900 Stirling Road</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Cooper City FL</b>		City & State		4. FEI Number <b>20-3615815</b>	
Zip <b>33024</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANCIS, KARL A 3900 NW 89TH AVE. HOLLYWOOD, FL 33024</b>			7. Name and Address of New Registered Agent Name <b>FRANCIS, KARL A</b> Street Address (P.O. Box Number is Not Acceptable) <b>8900 Stirling Road</b> City <b>Cooper City FL</b> Zip Code <b>33024</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Francis, Karl A</b> <b>3900 NW 89TH AVE.</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Francis, Karl A</b> <b>8900 Stirling Road</b> <b>Cooper City, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Francis, Dyrie M</b> <b>3900 NW 89TH AVE.</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Francis, Dyrie M</b> <b>8900 Stirling Road</b> <b>Cooper City, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HINES, LAVAL T</b> <b>3900 NW 89TH AVE.</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Hines, Laval T</b> <b>8900 Stirling Road</b> <b>Cooper City, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HINES, CONSTANCE E</b> <b>3900 NW 89TH AVE.</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Hines, Constance E</b> <b>8900 Stirling Road</b> <b>Cooper City, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-6-08</b> Daytime Phone # <b>94-438-5604</b>		