2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000000656

Entity Name: CALVARY BIBLE CHURCH OF MARION COUNTY, INC.

Current Principal Place of Business:

5850 LAKE LILLIAN CIRCLE
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

5601 SE 21ST LANE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUOPPERI, GARY
5601 SE 21ST LANE
OCALA, FL 34471 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: JUOPPERI, GARY
Address: 5601 SE 21ST LANE
City-St-Zip: OCALA, FL 34471 US

Title: VP ( ) Delete
Name: JUOPPERI, KYLE
Address: 5601 SE 21ST LANE
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete
Name: KIP[[ERO, DEBRA
Address: 5601 SE 21ST LN
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: HENRY, JOYCE
Address: 12284 SE 96TH AVE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: JUOPPERI, DEBRA
Address: 5601 SE 21ST LN
City-St-Zip: OCALA, FL 34471

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: JOYCE L. HENRY T 04/24/2009

Electronic Signature of Signing Officer or Director — Date