

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 048 ****61.25

DOCUMENT # N07000002377



1. Entity Name
**CALVARY BAPTIST CHURCH OF ALLENTOWN,
FLORIDA, INC.**

Principal Place of Business
**5405 CALVARY CHURCH ROAD
MILTON, FL 32570**

Mailing Address
**5405 CALVARY CHURCH ROAD
MILTON, FL 32570**

40009027



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-59-1882989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VUNKANNON, BARBARA J
10391 HIGHWAY 87 NORTH
MILTON, FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BOWERS, CLARENCE T	
STREET ADDRESS	6305 ALLENTOWN ROAD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	GODWIN, JERRY B	
STREET ADDRESS	3443 HIGHWAY 178	
CITY-ST-ZIP	JAY, FL 32565	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	VUNKANNON, BARBARA J	
STREET ADDRESS	10391 HIGHWAY 87 NORTH	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	WARD, JAMES W	
STREET ADDRESS	9650 HIGHWAY 89	
CITY-ST-ZIP	JAY, FL 32565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, CHARLES T.	
STREET ADDRESS	6305 ALLENTOWN ROAD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Barbara J Vunkannon **Barbara J Vunkannon**

1-18-08

850-623-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #