

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002377

FILED
Apr 10, 2009
Secretary of State

Entity Name: CALVARY BAPTIST CHURCH OF ALLENTOWN, FLORIDA, INC.

Current Principal Place of Business:

5405 CALVARY CHURCH ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5405 CALVARY CHURCH ROAD
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-1882989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VUNKANNON, BARBARA J
10391 HIGHWAY 87 NORTH
MILTON, FL 32570 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/D () Delete
Name: BOWERS, CHARLES T
Address: 6305 ALLENTOWN ROAD
City-St-Zip: MILTON, FL 32570

Title: VP/D () Delete
Name: GODWIN, JERRY B
Address: 3443 HIGHWAY 178
City-St-Zip: JAY, FL 32565

Title: S/D () Delete
Name: VUNKANNON, BARBARA J
Address: 10391 HIGHWAY 87 NORTH
City-St-Zip: MILTON, FL 32570

Title: T/D () Delete
Name: WARD, JAMES W
Address: 9650 HIGHWAY 89
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: GILLIS, WADE
Address: 8125 HIGHWAY 87 NORTH
City-St-Zip: MILTON, FL 32570

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: BARBARA J. VUNKANNON

S/D

04/10/2009

Electronic Signature of Signing Officer or Director

Date