
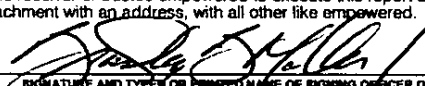


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 048 ****61.25

| | | | | | |
|--|--|---|--|---|------------------------------------|
| DOCUMENT # N08161 1. Entity Name CALVARY BAPTIST CHURCH OF DADE CITY, FLORIDA, INC. | | | |  | |
| Principal Place of Business 14312 17TH STREET DADE CITY, FL 33523 US | | | Mailing Address 14312 17TH STREET DADE CITY, FL 33523 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 4. FEI Number 59-2353941 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BOWLING, BOBBY R 34851 ANSLEY AVENUE DADE CITY, FL 33523 | | | | 7. Name and Address of New Registered Agent Name Singleton, Davy Street Address (P.O. Box Number is Not Acceptable) 37248 Carter Ave City Dade City FL Zip Code 33523 | |
| 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 DAVY Singleton (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE 4/19/06 | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O BOWLING, BOBBY R PASTOR 34851 ANSLEY AVENUE DADE CITY, FL 33523 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary, Sabrina Pitts 33901 Trilby Rd. Dade City, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PITTS, PATRICK TRUSTEE 33901 TRILBY RD. DADE CITY, FL 33523 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Miller, Bradley 14138 18th Court Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARRISH, CHUCK TRUSTEE 11399 CR 675 W. WEBSTER, FL 33597 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman Cagle, Newell 5829 Dayton St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, SHERRY TRUSTEE 37311 MAGNOLIA AVE. DADE CITY, FL 33523 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-Chairman Mengersen, Joseph 14922 Citrus Villas Lane Dade City, FL 33526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, MICHAEL TRUSTEE 39038 12TH AVE. ZEPHYRHILLS, FL 33542 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, NICKI TRUSTEE 39038 12TH AVE. ZEPHYRHILLS, FL 33542 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 like empowered. | | | | | |
| SIGNATURE:  Bradley B. Miller 4/19/06 (352-567-6732) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |