

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09022

FILED  
Jan 17, 2008  
Secretary of State

**Entity Name:** CALVARY CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

939 MASSACHUSETTS AVE  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

939 MASSACHUSETTS AVE  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-2876267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLETCHER, ARTHUR L  
939 MASSACHUSETTS AVE  
PENSACOLA, FL 32505 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:** C ( ) Delete  
**Name:** FLETCHER, ARTHUR L  
**Address:** 1501 W. NINE 1/2 MILE ROAD  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** VC ( ) Delete  
**Name:** FLETCHER, PAMELA G  
**Address:** 1501 W. NINE 1/2 MILE ROAD  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** D ( ) Delete  
**Name:** HOLT, SHERIDAN  
**Address:** 3751 E. OLIVE ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**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:** PAMELA G. FLETCHER

VC

01/17/2008

Electronic Signature of Signing Officer or Director

Date