

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N12585

1. Entity Name

**CALVARY FIRST ASSEMBLY OF GOD OF HAINES CITY
INCORPORATED**



Principal Place of Business

**4550 JOHNSON AVE E
P. O. BOX 3354
HAINES CITY FL 33844
US**

Mailing Address

**P O BOX 3354
P. O. BOX 3354
HAINES CITY FL 33844
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2558020

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

**PECK, GARY E
210 LAKE VILLA WAY
HAINES CITY FL 33844**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME | PD PECK, GARY E | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 210 LAKE VILLA WAY HAINES CITY FL 33844 | |
| TITLE NAME | SD ALLEN, ALICE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 1183 BRADBURY ROAD HAINES CITY FL 33844 | |
| TITLE NAME | TD LYONS, JOHN | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 1812 LOWRY AVENUE HAINES CITY FL 33844 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-----------------------------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | U00000273908 03/23/05-80046-013 61.25 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
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| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Don E. Peck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

Date

Daytime Phone #