

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90002 015 ****61.25

DOCUMENT # N12585

1. Entity Name
**CALVARY FIRST ASSEMBLY OF GOD OF HAINES CITY
INCORPORATED**



Principal Place of Business
**4550 JOHNSON AVE E
HAINES CITY, FL 33844 US**

Mailing Address
**4550 JOHNSON AVE E
HAINES CITY, FL 33844 US**

40118431



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2558020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PECK, GARY E
STREET ADDRESS	210 LAKE VILLA WAY
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	SD
NAME	ALLEN, ALICE MICHAEL CHANICKA
STREET ADDRESS	4100 BRADBURY ROAD 33 INCONNA DR.
CITY-ST-ZIP	HAINES CITY, FL 33844 Kissimmee, FL 34759
TITLE	TD
NAME	LYONS, JOHN
STREET ADDRESS	1812 LOWRY AVENUE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY E. PECK

4/10/07

Date

863-229-8065

Daytime Phone #