

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90085 046 \*\*\*\*61.25

**DOCUMENT # N16780**

1. Entity Name

CALVARY UNITED METHODIST CHURCH, INC.



Principal Place of Business

11000 - 110TH AVENUE NORTH  
LARGO FL 33778

Mailing Address

11000 - 110TH AVENUE NORTH  
LARGO FL 33778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

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

MCCREA, ERIC S  
11000 - 110TH AVENUE N  
LARGO FL 33778

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, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	DAVIS, KATHLEEN	
STREET ADDRESS	10882 - 111TH STREET N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMAWLEY, BRIAN T	
STREET ADDRESS	7580 - 92ND STREET N, #210D	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACK, DOROTHY	
STREET ADDRESS	11330 113 AVE N.	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERHARD, JUDITH	
STREET ADDRESS	11330-112TH AVENUE N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smawley, Brian T.	
STREET ADDRESS	11890 Lake Allen Drive	
CITY-ST-ZIP	Largo, FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(i), 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 an other like empowered.

**SIGNATURE:**

*Brian T. Smawley* Brian T. Smawley 4-1-04 727-342-4710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #