



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90008 022 ****61.25

DOCUMENT # N24698 1. Entity Name CALVARY BIBLE CHURCH OF INVERNESS, INC.					
Principal Place of Business 5335 JASMINE LANE C/O DAVID T. CANNON, JR. INVERNESS, FL 34453-1070 US			Mailing Address 5335 JASMINE LANE C/O DAVID T. CANNON, JR. INVERNESS, FL 34453-1070 US		
2. Principal Place of Business 5335 Jasmine Lane Suite, Apt. #, etc. C/O Thomas E. Frazier City & State Inverness, FL Zip 34453-1070		3. Mailing Address 5335 Jasmine Lane Suite, Apt. #, etc. C/O Thomas E. Frazier City & State Inverness, FL Zip 34453-1070			
4. FEI Number 59-2881083		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AGUILERA, MARIO G 1112 BLOOMFIELD DR. W INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name Thomas E. Frazier Street Address (P.O. Box Number is Not Acceptable) 1750 Cardinal Dr. City Clearwater FL Zip Code 33759		
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 <u>Thomas E. Frazier</u> Thomas E. Frazier D April 4th, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	D LEARIE, LEONARD L 7901 GATOR COURT INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARZ, WILLIAM 6033 E. LORING LN. INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, RONALD D 1415 LAKEVIEW DRIVE INVERNESS, FL 34450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNGO, DENNIS 5086 N. ALABASTER DR. HERNANDO, FL 34442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, GARY 6556 E. MAVERNE STREET INVERNESS, FL 34452	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emerson, Gary 1009 Princeton Ln Inverness, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					
SIGNATURE: <u>[Signature]</u>		4-4-04 352 726-5719 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			