2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N24698

Entity Name: CALVARY BIBLE CHURCH OF INVERNESS, INC.

Current Principal Place of Business:

5335 JASMINE LANE
C/O THOMAS E FRAZIER
INVERNESS, FL 344531070 US

New Principal Place of Business:

Current Mailing Address:

5335 JASMINE LANE
C/O THOMAS E FRAZIER
INVERNESS, FL 344531070 US

New Mailing Address:

FEI Number: 59-2881083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, THOMAS E
5354 E LIVE OAK LN
INVERNESS, FL 34453 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: D ( ) Delete
Name: LEARIE, LEONARD L
Address: 7901 GATOR COURT
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete
Name: EMERSON, GARY
Address: 10850 S. STORY MINE RD.
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: BUNGO, DENNIS
Address: 5086 N. ALABASTER DR.
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: AGUILERA, MARIO
Address: 1112 BLLOMFIELD DR
City-St-Zip: INVERNESS, FL 34453

Title: PD ( ) Delete
Name: FRAZIER, THOMAS E
Address: 5354 E LIVEOAK LANE
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NORDQUIST, AL
Address: 6555 E. MALVERNE STREET
City-St-Zip: INVERNESS, FL 34452

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

Title: D (X) Change ( ) Addition
Name: DAVIS, LOU
Address: 6710 S. MERLEING LOOP
City-St-Zip: FLORAL CITY, FL 34436

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 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: THOMAS E. FRAZIER PD 03/13/2007

Electronic Signature of Signing Officer or Director — Date