

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 035 ****61.25

DOCUMENT # N27570

1. Entity Name

SPRING HILL CALVARY CHURCH OF THE NAZARENE, INC.



Principal Place of Business

**235 COBBLESTONE DRIVE
SPRING HILL FL 34606**

Mailing Address

**235 COBBLESTONE DRIVE
SPRING HILL FL 34606**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2962423

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

**DUNCAN, M. EVELYN
11384 KINGSWAY CT
SPRINGHILL FL 34609**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DUNCAN, EVELYN**
STREET ADDRESS **11384 KINGSTREE CT**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **PEPIN, DEBIE**
STREET ADDRESS **11153 SHEFFIELD STREET**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☒ Change ☐ Addition
NAME **ART PEPIN**
STREET ADDRESS **11153 Sheffield ST**
CITY-ST-ZIP **Spring Hill FL 34608**

TITLE ☒ Delete
NAME **BUCKLEY, JERRY**
STREET ADDRESS **7221 TOLEDO ROAD**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☒ Change ☐ Addition
NAME **BILL LONG**
STREET ADDRESS **18927 Quercus DR Apt #9**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Evelyn Duncan*

3/11/08 352-797-9330