

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N28118

1. Entity Name
CALVARY BAPTIST CHURCH OF CLEWISTON, INC.



Principal Place of Business
CORNER DAVIDSON & GRATTON
CLEWISTON, FL 33440 US

Mailing Address
C/O 990 SHANE ST
CLEWISTON, FL 33440 US



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0097305 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCCALEB, ALICE
18 PEACEFUL PLACE
LORIDA, FL 33857

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, JOHN 402 E PASADENA CLEWISTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUTSHAW, BEN G. 1708 SHANE STREET CLEWISTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIS, BILLY P.O. BOX 654 N/A CLEWISTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCALL, ELTON D. SR. 337 DEAN DUFF AVE. CLEWISTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSGRAVE, GREG US 27 NORTH RT 2 BOX 160-B CLEWISTON, FL 33440 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/07/05-80077-008 61.25

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IN THIS SPACE**

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: Ben G. Cutshaw Ben G. Cutshaw 4-5-05 (863) 983-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #