

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2009  
Secretary of State**

DOCUMENT# N35298

Entity Name: CALVARY BAPTIST TEMPLE, INC.

**Current Principal Place of Business:**

21841 S.W. MARINE BLVD.  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

21841 S.W. MARINE BLVD.  
DUNNELLON, FL 34431 US

**New Mailing Address:**

FEI Number: 05-9293953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, JAMES  
4480 AMHERST ST  
HERNANDO, FL 34442 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: PARKER, JAMES  
Address: 4480 AMHERST ST  
City-St-Zip: HERNANDO, FL 34442

Title: AT ( ) Delete  
Name: MANDEL, CARLA  
Address: 21251 S.W. PLANTATION ST.  
City-St-Zip: DUNNELLON, FL 34431

Title: VPT ( ) Delete  
Name: MARKHAM, O.J.,  
Address: 1500 SW 210TH AVE  
City-St-Zip: DUNNELLON, FL 34431

Title: T ( ) Delete  
Name: SALMEIER, TRISH  
Address: 4183 SW DEEPWATER CT  
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete  
Name: MARKHAN, O.J.  
Address: 1500 SW 210TH AVE  
City-St-Zip: DUNNELLON, FL 34431

Title: S ( ) Delete  
Name: DOWNING, AUDREY  
Address: 5101 W. EVITA LANE  
City-St-Zip: DUNNELLON, FL 34433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: TRISH SALMEIER

T

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date