2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State
05-18-2007 90020 011 ****61.25

DOCUMENT # N43464

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

Principal Place of Business	Mailing Address
6824 PINE FOREST RD. PENSACOLA, FL 32526	6824 PINE FOREST RD. PENSACOLA, FL 32526

03192007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-3073739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNNAVANT, MATTHEW
6824 PINE FOREST RD.
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

Name CHRISTOPHER M. AIKEN
Street Address (P.O. Box Number is Not Acceptable) 6824 PINE FOREST ROAD
City Pensacola FL Zip Code 32526

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 Please see attached.
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAUGHLIN, D.R. 8502 8 MILE CREEK PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAUGHLIN, SANDRA 8502 EIGHT MILE CREEK RD. PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT THROWER, KAREN 5829 MCCALL ROAD PACE, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT THROWER, KAREN 10703 COUNTRY OSTRICH DRIVE PENSACOLA FL 32534	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 4/11/07 (850) 944-6213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

DOCUMENT # N43464

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

401160900

[redacted]

Principal Place of Business	Mailing Address
6824 PINE FOREST RD. PENSACOLA, FL 32526	6824 PINE FOREST RD. PENSACOLA, FL 32526

03/19/2007 Chg-NP CR2E037 (12/06)

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4. FEI Number: 59-3073739 ☐ 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
DUNNAVANT, MATTHEW 6824 PINE FOREST RD. PENSACOLA, FL 32526	Name: CHRIS AIKEN Street Address (P.O. Box Number is Not Acceptable): 6824 Pine Forest Road City: Pensacola FL Zip Code: 32526

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: Christopher M. Aiken CHRISTOPHER M. AIKEN, 4-29-07
Signature, clearly or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) Date

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SIGNATURE: [signature] 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #