

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90035 034 ****61.25

DOCUMENT # N43464

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



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

Mailing Address
6824 PINE FOREST RD.
PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

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

AIKEN, CHRISTOPHER M
6824 PINE FOREST RD.
PENSACOLA, FL 32526

**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, 2008**

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 MCLAUGHLIN, D.R. 8502 8 MILE CREEK PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, SANDRA 8502 EIGHT MILE CREEK RD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THROWER, KAREN 10763 COUNTRY OSTRICH DRIVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Sandra K. McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra K. McLaughlin 4/13/08

Date

Daytime Phone #

(950)
944-6503