

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90045 020 \*\*\*\*61.25

<b>DOCUMENT # N44331</b> 1. Entity Name <b>CALVARY UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>112 BLANDING BOULEVARD ORANGE PARK, FL 32073</b>			Mailing Address <b>112 BLANDING BOULEVARD ORANGE PARK, FL 32073</b>		
2. Principal Place of Business <b>(SAME)</b>		3. Mailing Address <b>(SAME)</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2267669</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCCLEES, CURTIS R 2506 WINDWOOD LN ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent Name <b>HALE, RONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>591 CHARLES CARROLL STREET</b> City <b>ORANGE PARK</b> <b>FL</b> Zip Code <b>32073-5040</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/11/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCCLEES, CURTIS 2506 WINDWOOD LN ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RELAFORD, ROBERT 473-B BENTWOOD LANE ORANGE PARK, FL 32073
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SEYMOUR, ROBERT 177 GREENWOOD LANE WEST MIDDLEBURG, FL 320684020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARTER, ERIC 7368 IRONSIDE DRIVE WEST JACKSONVILLE, FL 32244
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HALE, RONALD 591 CHARLES CARROLL STREET ORANGE PARK, FL 320735040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCLEOD, JENNIFER 1957 BIRCH RUN EAST ORANGE PARK, FL 32073
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MALONE, JOSEPH 8362 ARGYLE CORNERS COURT JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REEDY, VIVIAN E 73 FOX VALLEY DR ORANGE PARK, FL 32073
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REEDY, VIVIAN E 73 FOX VALLEY DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANE, BARBARA 312 EDINBURGH LN ORANGE PARK, FL 320735923
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/11/05</b> Daytime Phone # <b>(904) 272-4210</b>	

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