


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 036 \*\*\*\*61.25

<b>DOCUMENT # N44331</b> 1. Entity Name CALVARY UNITED METHODIST CHURCH, INC.					
Principal Place of Business 112 BLANDING BOULEVARD ORANGE PARK, FL 32073			Mailing Address 112 BLANDING BOULEVARD ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2267669	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALE, RONALD 591 CHARLES CARROLL STREET ORANGE PARK, FL 32073-5040				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Ronald Hale P</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RELAFORD, ROBERT		NAME	Ray Start	
STREET ADDRESS	473-B BENTWOOD LANE		STREET ADDRESS	2915 Marion Ct	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ERIC		NAME		
STREET ADDRESS	7368 IRONSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, RONALD		NAME		
STREET ADDRESS	591 CHARLES CARROLL STREET		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 320735040		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEOD, JENNIFER		NAME	Wayne Storey	
STREET ADDRESS	1957 BIRCH RUN EAST		STREET ADDRESS	6 FOX Valley	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEDY, VIVIAN E		NAME	Deloris Landis	
STREET ADDRESS	73 FOX VALLEY DR		STREET ADDRESS	295 Hollis Dr - E	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, BARBARA		NAME	Jerry Young	
STREET ADDRESS	312 EDINBURGH LN		STREET ADDRESS	1684 Village Way	
CITY-ST-ZIP	ORANGE PARK, FL 320735923		CITY-ST-ZIP	Orange Park, FL 32073	
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: <u>Ronald M. Hale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Ronald M. Hale 3/19/06 9042724210 <small>Date Daytime Phone #</small>		