2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44331

FILED May 01, 2009 Secretary of State

Entity Name: CALVARY UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 112 BLANDING BOULEVARD ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 112 BLANDING BOULEVARD ORANGE PARK, FL 32073 FEI Number: 59-2267669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOON, BETTY 4755 PINE GATE RD ORANGE PARK, FL 32003 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition START, RAY KOON, BETTY Name: Name: 2915 MARION CT Address: 4755 PINE GATE RD Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32003 Title: TR Title: () Delete () Change () Addition DYSZEL, JOHN Name: Name: Address: 329 JAMES ST Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: () Change () Addition COLEMAN, C. RONALD Name: Name: Address: 577 GOLDEN LINKS DR Address: City-St-Zip: ORANGE PARK, FL 320735040 City-St-Zip: () Delete Title: TR Title: () Change () Addition LITTLE, ED Name: Name: Address: 8 FOX VALLEY Address: ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LANDIS, DELORIS Name: Name: 295 HOLLIS DR E Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: (X) Change () Addition KOON, BETTY GENE, CLARK Name: Name: Address: 4755 PINE GATE RD Address: 1531 GREENWAY PL ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 City-St-Zip: 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: BETTY KOON TR 05/01/2009