
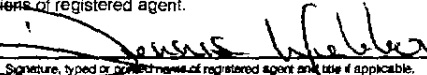
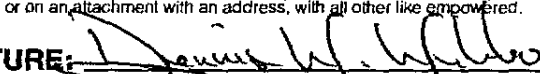


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000150</b> 1. Entity Name <b>CALVARY WORSHIP CENTER, INC. OF CHIEFLAND</b>																																																			
Principal Place of Business <b>P O BOX 2284 CHIEFLAND, FL 32626</b>		Mailing Address <b>P O BOX 2284 CHIEFLAND, FL 32626</b>																																																	
<b>6. Name and Address of Current Registered Agent</b>  <b>WEBBER, DENNIS 1110 SW 2ND AVE CHIEFLAND, FL 32626</b>		<div style="text-align: right;">             04292004 No Chg-NP      CR2E037 (10/03)           </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> <b>4. FEI Number</b>  <b>59-3175378</b> </td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>5. Certificate of Status Desired</b>    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>		<b>4. FEI Number</b> <b>59-3175378</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																											
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<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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 35%; text-align: right;"> <b>4-29-04</b>  <small>DATE</small> </div> </div>																																																			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																	
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"><b>PD</b></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"><b>WEBBER, DENNIS</b></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"><b>1110 SW 2ND AVE.</b></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"><b>CHIEFLAND, FL 32626</b></td> </tr> <tr> <td style="padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"><b>T</b></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"><b>MCKAY, LINDA</b></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"><b>1320 NW 17TH AVE</b></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"><b>CHIEFLAND, FL 32626</b></td> </tr> <tr> <td style="padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"><b>TD</b></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"><b>SMITH, BOB</b></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"><b>5250 NW 50TH AVE.</b></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"><b>CHIEFLAND, FL 32626</b></td> </tr> <tr> <td style="padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"><b>S</b></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"><b>WEBBER, ROBIN</b></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"><b>P. O. BOX 1874, 1110 SHF 2ND AVE</b></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"><b>CHIEFLAND, FL 32626</b></td> </tr> <tr> <td style="padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>TITLE</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>NAME</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>STREET ADDRESS</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><b>CITY-ST-ZIP</b></td> <td style="padding: 2px;"></td> </tr> </table>				<b>TITLE</b>	<b>PD</b>	<b>NAME</b>	<b>WEBBER, DENNIS</b>	<b>STREET ADDRESS</b>	<b>1110 SW 2ND AVE.</b>	<b>CITY-ST-ZIP</b>	<b>CHIEFLAND, FL 32626</b>	<b>TITLE</b>	<b>T</b>	<b>NAME</b>	<b>MCKAY, LINDA</b>	<b>STREET ADDRESS</b>	<b>1320 NW 17TH AVE</b>	<b>CITY-ST-ZIP</b>	<b>CHIEFLAND, FL 32626</b>	<b>TITLE</b>	<b>TD</b>	<b>NAME</b>	<b>SMITH, BOB</b>	<b>STREET ADDRESS</b>	<b>5250 NW 50TH AVE.</b>	<b>CITY-ST-ZIP</b>	<b>CHIEFLAND, FL 32626</b>	<b>TITLE</b>	<b>S</b>	<b>NAME</b>	<b>WEBBER, ROBIN</b>	<b>STREET ADDRESS</b>	<b>P. O. BOX 1874, 1110 SHF 2ND AVE</b>	<b>CITY-ST-ZIP</b>	<b>CHIEFLAND, FL 32626</b>	<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
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<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> <b>4-29-04</b>    <b>352-493-9323</b>  <small>Date                      Daytime Phone #</small> </div> </div>																																																			

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