


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000150 1. Entity Name CALVARY WORSHIP CENTER, INC. OF CHIEFLAND	
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Principal Place of Business P O BOX 2284 CHIEFLAND, FL 32626	Mailing Address P O BOX 2284 CHIEFLAND, FL 32626
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DO NOT WRITE IN THIS SPACE



07182005 No Chg-NP CR2E037 (10/03)

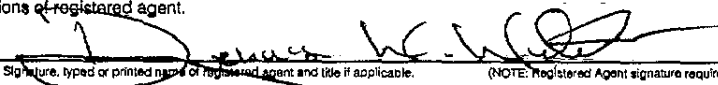
4. FEI Number 59-3175378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBBER, DENNIS
1110 SW 2ND AVE
CHIEFLAND, FL 32626**

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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  **7-18-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

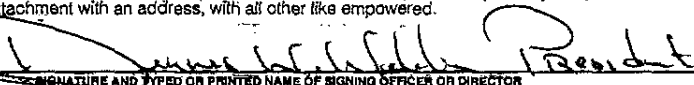
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000373532 07/19/05-80002-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER, DENNIS 1110 SW 2ND AVE. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, LINDA 1320 NW 17TH AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, BOB 5250 NW 50TH AVE. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBBER, ROBIN P. O. BOX 1874, 1110 SHF 2ND AVE CHIEFLAND, FL 32626
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 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:  **7/14/05** **352 493-9263**
Signature and typed or printed name of signing officer or director Date Daytime Phone #