

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90012 043 ****61.25

DOCUMENT # N93000003733

1. Entity Name

THANKS TO CALVARY MINISTRIES, INC.



Principal Place of Business:

491 SE 28TH ST
MELROSE FL 32666

Mailing Address

P.O. BOX 1076
MELROSE FL 32666

2. Principal Place of Business

6490 Woodland Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1076

Suite, Apt. #, etc.

City & State

Keystone Hgts FL

Zip

32656

Country

CLAY

City & State

Melrose FL

Zip

32666

Country

Putnam

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, ROBERT I
8359 STATE ROAD 100
491 SE 28TH ST.
MELROSE FL 32666

7. Name and Address of New Registered Agent

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 Robert I Stephenson

Signature, typed or printed name of registered agent and title if applicable

Robert I Stephenson

(NOTE: Registered Agent signature required when reinstating)

8-4-04

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEPHENSON, ROBERT I ☐ Delete
STREET ADDRESS 491 SE 28TH ST
CITY-ST-ZIP MELROSE FL 32666

TITLE VT
NAME STEPHENSON, JEAN H ☐ Delete
STREET ADDRESS 491 SE 28TH ST
CITY-ST-ZIP MELROSE FL 32666

TITLE S
NAME STEPHENSON, JENIFER ☐ Delete
STREET ADDRESS 1220 S LAWRENCE BLVD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D
NAME STEPHENSON, JODY ☐ Delete
STREET ADDRESS 1220 S LAWRENCE BLVD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6490 woodland Drive
CITY-ST-ZIP Keystone Hgts FL 32656

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6490 woodland Dr.
CITY-ST-ZIP Keystone Hgts FL 32656

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 394 SE 34th Way
CITY-ST-ZIP Keystone Hgts FL 32656

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 394 SE 34th Way
CITY-ST-ZIP Keystone Hgts FL 32656

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert I Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert I Stephenson

8-4-04

Date

352-423-4519

Daytime Phone #