## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003312

Entity Name: CALVARY CHURCH, INC.

FILED Feb 25, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18400 US HWY 27 CLERMONT, FL 34711 US **Current Mailing Address: New Mailing Address:** P.O. BOX 120038 CLERMONT, FL 34712 US FEI Number: 59-3250107 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KINSEY, R DALE 1150 HÁDDOCK DR CLERMONT, FL 34711 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: () Change () Addition () Delete KINSEY, R DALE Name: Name: 1150 HADDOCK DR Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: S/D () Delete Title: (X) Change ( ) Addition Name: WILLIAMS, DARLA J Name: ARCHAMBAULT, TIFFANY R Address: 1708 BROLGA ST Address: 9454 WATER FERN CIRCLE City-St-Zip: GROVELAND, FL 34736 US City-St-Zip: CLERMONT, FL 34711 US Title: () Delete Title: () Change () Addition EDGINGTON, PHILIP A Name: Name: 11038 CRESCENT BAY BLVD Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: ( ) Delete Title: D Title: () Change () Addition Name: GANT, JAMES Name: 6601 ROSE ST Address: Address: City-St-Zip: GROVELAND, FL 34736 US City-St-Zip: Title: () Delete Title: () Change () Addition NEWSOME, ROBERT Name: Name: 12701 BRUCE HUNT ROAD Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, JAMES C Name: Name: Address: 900 HYDE PARK CIRCLE Address: WINTER GARDEN, FL 34787 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIFFANY ARCHAMBAULT S/D 02/25/2004