2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# N95000003347

Entity Name: CALVARY BAPTIST CHURCH, LAKELAND, FLORIDA, INC.

Current Principal Place of Business:

1945 N FLORIDA AVENUE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1945 N FLORIDA AVENUE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-6012050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUFORD, EDWARD E
1329 HAMMOCK SHADE DR
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	BUFORD, EDWARD E	
Address:	1329 HAMMOCK SHADE DR	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	BATES, CLEVE	
Address:	1236 COSTINE DR	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	NORWOOD, GEORGE	
Address:	7309 QUAIL MEADOW ROAD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	DS	( ) Delete
Name:	BATES, TIM	
Address:	1346 TIMBERIDGE LOOP S	
City-St-Zip:	LAKELAND, FL 33809	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD BUFORD PD 02/07/2007

Electronic Signature of Signing Officer or Director — Date