

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003014

FILED  
Mar 03, 2008  
Secretary of State

**Entity Name:** CALVARY BAPTIST CHURCH OF MONTICELLO, FLORIDA, INC.

**Current Principal Place of Business:**

285 NORTH MAGNOLIA STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

285 NORTH MAGNOLIA STREET  
MONTICELLO, FL 32344

**New Mailing Address:**

**FEI Number:** 59-2392628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDANIEL, JAMES  
525 NORTH SUNSET DRIVE  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

MCDANIEL, JAMES  
285 NORTH MAGNOLIA ST  
MONTICELLO, FL 32344 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:

03/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: HIGHTOWER, FRANKLIN  
Address: 285 N MAGNOLIA STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: DVP ( ) Delete  
Name: WILCOX, DALE  
Address: 285 N MAGNOLIA STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete  
Name: AMERT, DAVE  
Address: RT 1 BOX 113  
City-St-Zip: LAMONT, FL 32336

Title: S ( ) Delete  
Name: MCDANIEL, JAMES  
Address: 525 SUNSET DRIVE  
City-St-Zip: MONTICELLO, FL 32344

Title: T ( ) Delete  
Name: SMITH, BRENDA  
Address: 308 MAGNOLIA RIDGE  
City-St-Zip: MONTICELLO, FL 32344

Title: DVP ( ) Delete  
Name: OQUINN, LAMAR  
Address: 1515 TENNESSEE AVENUE  
City-St-Zip: MONTICELLO, FL 32344

**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: S (X) Change ( ) Addition  
Name: MCDANIEL, JAMES  
Address: 285 NORTH MAGNOLIA ST  
City-St-Zip: MONTICELLO, FL 32344

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 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: BRENDA SMITH

T

03/03/2008

Electronic Signature of Signing Officer or Director

Date