

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003912

FILED
Apr 10, 2009
Secretary of State

Entity Name: CALVARY MISSIONARY BAPTIST CHURCH OF PALATKA, INC.

Current Principal Place of Business:

322 N 10TH ST
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 38
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2698688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPS, FREDERICK T
100 ROBINSON AVE
PALATKA, FL 32177 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: D () Delete
Name: NORWOOD, JAMES JR
Address: 803 N 19TH ST
City-St-Zip: PALATKA, FL 32177

Title: DT () Delete
Name: WILLIAMS, LASANDRA
Address: 1424 OCEAN ST
City-St-Zip: PALATKA, FL 32177

Title: DVPS () Delete
Name: LEWIS, THRESSA B
Address: 2352 YELLOW JASMINE LN
City-St-Zip: ORANGE PARK, FL 32003

Title: P () Delete
Name: DEMPS, FREDERICK T
Address: 100 ROBINSON AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: WILLIAMS, JOSEPH
Address: 341 ALABAMA AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: THOMAS, LALITA
Address: 2406 LEIGH TERRACE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVPS (X) Change () Addition
Name: LEWIS, THRESSA B
Address: 2200 MARSH HAWK LANE #108
City-St-Zip: ORANGE PARK, FL 32003

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

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

Title: D (X) Change () Addition
Name: THOMAS, LALITA
Address: 2406 LEIGH TERRACE
City-St-Zip: PALATKA, FL 32177

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: THRESSA B. LEWIS

DVPS

04/10/2009

Electronic Signature of Signing Officer or Director

Date