


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 013 ****61.25

DOCUMENT # N98000005460 1. Entity Name CALVARY BAPTIST CHURCH, INC. OF AVON PARK, FLORIDA					
Principal Place of Business 2220 US 27 SOUTH AVON PARK, FL 33825			Mailing Address 2220 US 27 SOUTH AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3527958	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, STEWART K 2220 US 27 SOUTH AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name MILLER, AVIN Street Address (P.O. Box Number is Not Acceptable) 2220 US 27 SOUTH City AVON PARK FL Zip Code 33825		
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 <u><i>Avin Miller (AVIN MILLER)</i></u> DATE <u>JAN 3-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, STEWART K PASTOR 2555 W. SHULA ROAD AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, AVIN PASTOR 2220 US 27 SOUTH AVON PARK, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLARE, MICHAEL D 2220 US HIGHWAY 27 SOUTH AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCPHERSON, DAVID A. 6801 KENWOOD PLACE SEBRING, FL 33876	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARMSTRONG, GORDON 2220 US 27 SOUTH AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, ROY A. 3302 VALERIE BLVD. SEBRING, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GODSEY, R L 2220 US 27 SOUTH AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASHINGTON, JOHN D. 2408 N. THOMAS ROAD AVON PARK, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORKMAN, RAY A 2220 US 27 SOUTH AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Avin Miller (AVIN MILLER)</i></u> DATE <u>JAN 3-08</u> 863-443-1630 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					