

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721904

**FILED**  
**Jan 26, 2024**  
**Secretary of State**  
**7077546410CC**

**Entity Name:** CALVARY CHURCH OF SEBRING, FLORIDA, INC.

**Current Principal Place of Business:**

1825 HAMMOCK RD.  
SEBRING, FL 33872

**Current Mailing Address:**

1825 HAMMOCK RD.  
SEBRING, FL 33872 US

**FEI Number:** 35-2175247

**Certificate of Status Desired:** Yes

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

BOULINEAU, JOHN  
1825 HAMMOCK RD.  
SEBRING, FL 33872 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:** JOHN BOULINEAU

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER/DIRECTOR  
Name           ROTH, ROBERT  
Address        5134 ANGELO CIRCLE  
City-State-Zip: SEBRING FL 33872

Title           ASSISTANT TREASURER, DIRECTOR  
Name           MORONEY, ETHEL  
Address        12597 PAYNE RD  
City-State-Zip: SEBRING FL 33875

Title           VC, DIRECTOR  
Name           BATES, ROLAND  
Address        4422 MANDARIA ROAD  
City-State-Zip: SEBRING FL 33875

Title           DIRECTOR  
Name           ROBERTS, SUE  
Address        2362 PRESTON AVENUE  
City-State-Zip: SEBRING FL 33875

Title           CHAIRMAN, DIRECTOR  
Name           ROBERTS, WAYNE  
Address        2362 PRESTON AVE  
City-State-Zip: SEBRING FL 33875

Title           CORRESPONDING SECRETARY,  
DIRECTOR  
Name           BATES, CONNIE  
Address        4422 MANDARIA  
City-State-Zip: SEBRING FL 33875

Title           DIRECTOR  
Name           OSBECK, MARY LOU  
Address        1820 RECREATION DRIVE  
City-State-Zip: SEBRING FL 33875

Title           DIRECTOR  
Name           CENTERS, BERT  
Address        2610 QUEENSWOOD DRIVE  
City-State-Zip: SEB FL 33870

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT ROTH

**TREASURER**

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SPILKER, RALPH  
Address        2126 FIEST WAY  
City-State-Zip: SEBRING FL 33872