

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721904

FILED
Jan 31, 2022
Secretary of State
0878620368CC

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

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

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KUYKENDALL, DON
Address 6750 US27 N. 7A
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name HUGHES, GLORIA
Address 201 SWALLOW AVE
P. O. BOX 8240
City-State-Zip: SEBRING FL 33872

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

Title DIRECTOR
Name ELLIS, HAZEL
Address 3236 HOLLYWOOD BLVD
City-State-Zip: SEBRING FL 33875

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

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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

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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