


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 013 ****61.25

DOCUMENT # 702431					
1. Entity Name THE CALVARY BAPTIST CHURCH OF GRANT INC					
Principal Place of Business 5640 OLD DIXIE HWY GRANT, FL 32949 US			Mailing Address PO BOX 251 GRANT, FL 32949 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 00-2650715	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMBS, BETTY L 660 GRANDEUR ST SE PALM BAY, FL 32909			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Betty L. Combs</i>		SIGNATURE <i>Betty L. Combs</i>		DATE <i>3/21/08</i>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMBS, BETTY L		NAME		
STREET ADDRESS	660 GRANDEUR ST SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP		
TITLE	TRUS	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINSON, BRENDA		NAME	Don Salee	
STREET ADDRESS	4225 GRANT RD		STREET ADDRESS	2505 Valkaria Rd.	
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP	GRANT/VALKARIA FL 32950	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTERGREN, BONITA		NAME		
STREET ADDRESS	7170 ORCHID TREE DR		STREET ADDRESS	7170 Orchid tree Dr	
CITY-ST-ZIP	GRANT, FL		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, RANDY		NAME		
STREET ADDRESS	2938 CHIPPER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORD, RUBY		NAME	Don Breeden	
STREET ADDRESS	5420 HWY 1		STREET ADDRESS	241 N.W. OAK ST.	
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP	W. Melbourne FL 32904	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Betty L. Combs</i>		SIGNATURE: <i>Betty L. Combs</i>		DATE: <i>3/21/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	