

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702431

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE CALVARY BAPTIST CHURCH OF GRANT INC

Current Principal Place of Business:

5640 OLD DIXIE HWY
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 251
GRANT, FL 32949 US

New Mailing Address:

FEI Number: 00-2650715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, BETTY L
660 GRANDEUR ST SE
PALM BAY, FL 32909 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: C () Delete
Name: COMBS, BETTY L
Address: 660 GRANDEUR ST SE
City-St-Zip: PALM BAY, FL 32909

Title: TR () Delete
Name: SALEE, DON
Address: 2505 VALKARIA RD
City-St-Zip: GRANT/VALKARIA, FL 32950

Title: DT () Delete
Name: SETTERGREN, BONITA
Address: 7170 ORCHID TREE DR
City-St-Zip: GRANT, FL 32949

Title: TR () Delete
Name: RIDDLE, RANDY
Address: 2938 CHIPPER DRIVE
City-St-Zip: PALM BAY, FL 32905

Title: TR () Delete
Name: BREEDEN, DON
Address: 241 NW OAK ST
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TR (X) Change () Addition
Name: SETTERGREN, GEORGE G
Address: 7170 ORCHID TREE DRIVE
City-St-Zip: GRANT, FL 32949

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

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: BETTY L. COMBS

C

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date