FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703780** **(7)**

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INCORPORATED, O F LAKE WORTH, FLORIDA

Principal Place of Business	Mailing Address
301 FIRST AVENUE SOUTH LAKE WORTH FL 33460	301 FIRST AVENUE SOUTH LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1962
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-0895901 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MERKLE, WILLIAM R.
110 E. ATLANTIC AVE., SUITE 400
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	HORNBACK, C. R	12 NAME	
STREET ADDRESS	7510 PINETREE LN	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KATHLEEN	22 NAME	
STREET ADDRESS	2101 NOTRE DAME DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	VAN GELDEREN, DOROTHY	32 NAME	Hemler, Lucille
STREET ADDRESS	1411 LAKE PLACID DR.	33 STREET ADDRESS	410 No. B St.
CITY-ST-ZIP	LAKE WORTH FL 33461	34 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DOLLY, RUTH	42 NAME	
STREET ADDRESS	7608 S FLAGLER DR	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KING, EDWARD	52 NAME	
STREET ADDRESS	208 L. LAKESIDE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME	NELSON, HOWARD L.	62 NAME	Di Giacomo, Edward
STREET ADDRESS	1106 NORTH GOLFVIEW DR	63 STREET ADDRESS	212 2nd Ave. So.
CITY-ST-ZIP	LAKE WORTH FL	64 CITY-ST-ZIP	Lake Worth, FL 33460

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles R. Hornback 4/5/95 (407) 582-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000011