

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 704029 (8)**

1. Corporation Name

**CALVARY BAPTIST CHURCH OF ARCADIA FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1509 E OAK STREET  
ARCADIA FL 33821**

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ARCADIA FL 33821**



3. Date Incorporated or Qualified  
**05/11/1962**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number  
**59-1445575**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWBERRY, JERALD L.  
214 W WHIDDEN STREET  
ARCADIA FL 33821**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Branch Law*

(NOTE: Registered Agent signature required when re-stating)

DATE **1-17-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
**PD  
THOMPSON, LES**  
STREET ADDRESS  
**REUBEN RD**  
CITY-ST-ZIP  
**ARCADIA FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**VD  
GOODHUE, TOM**  
STREET ADDRESS  
**THOMAS RD**  
CITY-ST-ZIP  
**ARCADIA FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**SD  
NEWBERRY, JERALD L.**  
STREET ADDRESS  
**214 W WHIDDEN ST**  
CITY-ST-ZIP  
**ARCADIA FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**D  
HARTLEY, WADE**  
STREET ADDRESS  
**9299 LIPE RD.**  
CITY-ST-ZIP  
**ARCADIA FL 33821**

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**D  
FUSSELL, LEOTA**  
STREET ADDRESS  
**RT. 9 BOX 3679 N/A**  
CITY-ST-ZIP  
**ARCADIA FL 33821**

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
**D  
CARLTON, MELVIN**  
STREET ADDRESS  
**S AIRPORT RD**  
CITY-ST-ZIP  
**NOCATEE FL**

16 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

*Les Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-96**

**941-494-4345**

Date

Daytime Phone #

CR2E037 (12/95)