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 # 706277 (1)

1. Corporation Name

CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, F
LORIDA

Principal Place of Business	Mailing Address
2145 WEST PENSACOLA STREET TALLAHASSEE FL 32304	2145 WEST PENSACOLA STREET TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: 10/11/1963	3a. Date of Last Report: 06/29/1995
4. FEI Number: 59-1130523	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ARD, ELAINE
241 DIXIE DR
TALLAHASSEE FL 32304

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 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 Elaine Ard Chair Elaine Ard 4/28/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	☑ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	WILLIAM, BRION		1.2 NAME	HARLAN ARD	
STREET ADDRESS	3021 HUNTINGTON WOODS BL		1.3 STREET ADDRESS	241 DIXIE DR	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALL. FL. 32304	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LONG, CRAIG		2.2 NAME		
STREET ADDRESS	4931 BLOUNTSTOWN HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAILY, LEANN		3.2 NAME		
STREET ADDRESS	8492 LAKE ATKINSON CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D SUZLANE LAGOS	☑ Change ☐ Addition
NAME	KERSHNER, ELIZABETH		4.2 NAME	1758 Deep Wood Te.	
STREET ADDRESS	214 N.LIPONA ROAD		4.3 STREET ADDRESS	TALL FL. 32301	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	DEL CASTILHO, MOLLIE		5.2 NAME	WILMA RAGGS	
STREET ADDRESS	2636 MISSION RD #272		5.3 STREET ADDRESS	1807 ATKINSIRE DR.	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALL. FL. 32301	
TITLE	TR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEEHAN, HARRY		6.2 NAME		
STREET ADDRESS	1201 APPLEYARD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Elaine Ard 4/28/96 (904) 576-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #