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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32304-3103

3. Date Incorporated or Qualified: 10/11/1963
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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: DORAINE T. METON
82 Street Address (P.O. Box Number is Not Acceptable): 2832 CYRREST COVE DR.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32310

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: Doraine M. Melton 4-2-97
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARD, HARLAN		1.2 NAME	
STREET ADDRESS	244 DIXIE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
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	D ANDERSON, SANDY
STREET ADDRESS	8492 LAKE ATKINSON CIR		3.3 STREET ADDRESS	1608 MABRY ST.
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.4 CITY-ST-ZIP	TALL, FL. 32310
TITLE	D LAWS	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	LACOS, SUZZANE		4.2 NAME	RIEESHNER, ELIZABETH
STREET ADDRESS	7758 DEEP WOODS TERR		4.3 STREET ADDRESS	214 LIPONA RD.
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLA FL 32310
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, WILMA		5.2 NAME	
STREET ADDRESS	1807 ATKAMIRE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED Doraine M. Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0006206