

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # 706277 (1)  
1. Corporation Name  
CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, F  
LORIDA

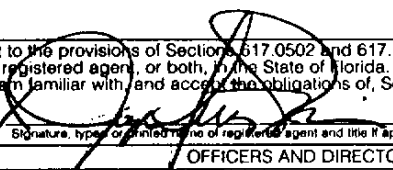
|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>2145 WEST PENSACOLA STREET<br>TALLAHASSEE FL 32304 | Mailing Address<br>2145 WEST PENSACOLA STREET<br>TALLAHASSEE FL 32304 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>10/11/1963 |                                                        |
| 4. FEI Number<br>59-1130523                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                                                          |                                               |                                                                                                                                                              |
|----------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. | 2a. Mailing Address<br>26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                     |
| 22 City & State                                          | 27 City & State                               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                  |
| 23 Zip                                                   | 28 Zip                                        | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 24 Country                                               | 29 Country                                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

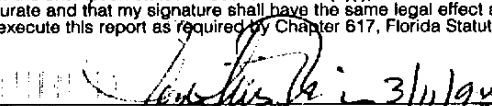
|                                                                                                                   |                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>DORAIN T METON<br>2332 CYPRESS COVE DR<br>TALLAHASSEE FL 32310 | 10. Name and Address of New Registered Agent<br>81 Name Jorge Rivera<br>82 Street Address (P.O. Box Number is Not Acceptable) 1904 MYRICK Rd.<br>83<br>84 City Tallahassee, FL 85 Zip Code 32303 |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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  DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                            | 6.4 CITY - ST - ZIP                                   |                                                                              |

14. I 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: 

CR2E037 (10/97)