## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION , ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

706277

(1)

CALVARY METHODIST CHURCH INC., OF TALLAHASSEE, F. LORIDA

FILED						
Apr 02 1998 8:00am						
Secretary of State						



2011101	•					
Principal Place	e of Business	Mailing Address		T 190111 1961 DOLLO OLILO ILON IEDIA 1961 DIONI	RIBIL BIBLE BIBLE BIBLE BESE	
2145 WEST PENSACOLA STREET 2145 WEST PENSACOLA STREET			RFFT	3. Date Incorporated or Qualified		
TALLAHASSEE FL 32304		TALLAHASSEE FL 32304		10/11/1963	İ	
				4. FEI Number	Applied For	
				59-1130523	Not Applicable	
2 Principal Pi	lace of Business	2a. Mailing Address				
21	acco or business	26		<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		28		☐ Yes ☐ No		
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25		30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registers	od Agent	
1		orge Kivera				
	DORAIN T METON			dress (P.O. Box Number Is Not Acceptable)	1	
2332 CYPRESS COVE DR				404 THYFICK KG	Ĭ	
TALLAH/	ASSEE FL 32310		83	,		
			84 City	Ibhassee. F	85 Zio Code	
11. Pursuant i	to the provisions of Section 617.05	502 and 617 1508 Florida Statute	s, the above-named co			
office or r	gistered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the a	appointment as registered	
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, if 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 appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.						
SIGNATURE  Signature, types of infection of registerial agent and title if applicable. (NOTE: Registered Agent algorithm required when renetating)  ORE OF THE TOTAL PROPERTY OF THE PROPERTY						
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
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	ANDERSON, SANDY		2.2 NAME			
STREET ADDRESS	1608 MABRY ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2 4 CITY-ST-ZIP		ET Obsesse ET Addition	
TITLE	D CHITTANE	☐ DELETE	3.1 TITLE		Change Addition	
NAME	LAWS, SUZZANE		3.2 NAME			
STREET ADDRESS	7758 DEEP WOODS TERR	•	3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL D	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition	
TITLE	_	- Deterie	4.1 TITLE			
NAME ADDRESS	BRIDGES, WILMA 1807 ATKAMIRE DR		4. 2 NAME			
STREET ADDRESS	TALLAHASSEE FL		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	TR	<b>≥</b> D€LETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
	SHEEHAN, HARRY	the section	5.2 NAME			
NAME OTDEET ADDOCCC	1201 APPLEYARD DR		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	TALLAHASSEE FL		5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TALLET INVOLL 1 L	☐ DELETE	6.1 TITLE	1 - XOA COLLARS	Change Addition	
NAME			62 NAME	Co-Treasurer Patry of Simpson	- · r	
STREET ADDRESS			6.3 STREET ADDRESS	Pater of Simpson	12,303	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1916 Sheekered Or To	Huhamer Ha	
14. I hereby o	certify that the information supplied	with this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes. I furthe	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: