FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AMENDED

99 APR 12 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007973

DOCUMENT # 706277

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/11/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1130523 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIVERA, JORGE 1904 MYRICK RD TALLAHASSEE FL 32303	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	600002858936- - 8
STREET ADDRESS	244 DIXIE DR.		1.3 STREET ADDRESS	-04/30/99- -01111- -011
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	*****61.25 *****61.25
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	
TITLE	D	☒ 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		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, WILMA		4.2 NAME	
STREET ADDRESS	1807 ATKAMIRE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, PATSY H		5.2 NAME	
STREET ADDRESS	1916 SHERWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: Patsy H. Simpson 4-99 (850) 576-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #