FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
MAY 5
9:25
TALLAHASSEE, FLORIDA

DOCUMENT # **709978** **(1)**

CALVARY ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business	Mailing Address
3800 RECKER HIGHWAY WINTER HAVEN FL 33880	3800 RECKER HIGHWAY WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1965**
3a. Date of Last Report: **02/28/1994**
4. FEI Number: **59-1658474** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

RAKES, MICHAEL
3800 RECKER HWY.
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	RAKES, MICHAEL	12 NAME		
STREET ADDRESS	3800 RECKER HWY.	13 STREET ADDRESS		
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MARCANO, ANGEL	22 NAME		
STREET ADDRESS	4247 MAHOGANY RUN SE	23 STREET ADDRESS		
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	OVERSTREET, TRACY	32 NAME		
STREET ADDRESS	1840 15TH CT., N.W.	33 STREET ADDRESS		
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP		
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	RIZER, DAN	42 NAME		
STREET ADDRESS	2113 18TH ST NW	43 STREET ADDRESS		
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SWOFFORD, RODNEY W.	52 NAME		
STREET ADDRESS	203 KEYSTONE RD.	53 STREET ADDRESS		
CITY ST ZIP	AUBURNDALE FL	54 CITY ST ZIP		
TITLE	VD	61 TITLE	VD	☒ Change ☐ Addition
NAME	OWEN, TOM	62 NAME	Overstreet, Kenneth	
STREET ADDRESS	2815 KIMBERLY LANE	63 STREET ADDRESS	107 Arietta Shores Dr.	
CITY ST ZIP	AUBURNDALE FL	64 CITY ST ZIP	Auburndale, FL 33823	

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)(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: _____ Rodney W. Swofford 04/30/95 813-294-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0004822