

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709978** (1)

1. Corporation Name
CALVARY ASSEMBLY OF GOD CHURCH, INC.

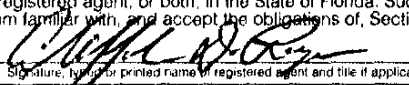
Principal Place of Business 3800 RECKER HIGHWAY WINTER HAVEN FL 33880	Mailing Address 3800 RECKER HIGHWAY WINTER HAVEN FL 33880-1964
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/29/1965		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1658474		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Zip 29		Country 30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

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 CLIFFORD ROGERS			
				82 Street Address (P.O. Box Number is Not Acceptable) 45 SPIRIT LAKE ROAD			
				83			
				84 City WINTER HAVEN, FL			
				85 Zip Code 33880			

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  (NOTE: Registered Agent signature required when reinstating) DATE **3/25/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☒ DELETE		1.1 TITLE	P	☐ Change ☒ Addition	
NAME	RAKES, MICHAEL			1.2 NAME	ROGERS, CLIFFORD		
STREET ADDRESS	3800 RECKER HWY.			1.3 STREET ADDRESS	45 SPIRIT LAKE ROAD		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880		
TITLE	D	☒ DELETE		2.1 TITLE	D	☐ Change ☒ Addition	
NAME	MARCANO, ANGEL			2.2 NAME	MONTESINO, MANNY		
STREET ADDRESS	4247 MAHOGANY RUN SE			2.3 STREET ADDRESS	135 MANSEAU DRIVE		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881		
TITLE	TD	☐ DELETE		3.1 TITLE	DS	☐ Change ☒ Addition	
NAME	OVERSTREET, TRACY			3.2 NAME	PFINGSTON, ROBERT		
STREET ADDRESS	1840 15TH CT., N.W.			3.3 STREET ADDRESS	506 LITTLE LAKE COURT		
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884		
TITLE	DS	☒ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	RIZER, DAN			4.2 NAME			
STREET ADDRESS	2113 18TH ST NW			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	SWOFFORD, RODNEY W.			5.2 NAME			
STREET ADDRESS	203 KEYSTONE RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURDALE FL			5.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME	OVERSTREET, KENNETH			6.2 NAME			
STREET ADDRESS	107 ARIETTA SHORES DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURDALE FL			6.4 CITY-ST-ZIP			

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:  (NOTE: Registered Agent signature required when reinstating) DATE **3/25/97** DAYTIME PHONE # **941-294-5710**

CR2E037 (9/96)