

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90047 036 \*\*\*\*61.25

**DOCUMENT # 709978**

1. Corporation Name

**CALVARY ASSEMBLY OF GOD CHURCH, INC.**

528168 - 90047 - 36

Principal Place of Business

3800 RECKER HIGHWAY  
WINTER HAVEN FL 33880

Mailing Address

3800 RECKER HIGHWAY  
WINTER HAVEN FL 33880



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/29/1965

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

9. Name and Address of Current Registered Agent

ROGERS, CLIFFORD  
45 SPIRIT LAKE ROAD  
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROGERS, CLIFFORD  
STREET ADDRESS 45 SPIRIT LAKE ROAD  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME MONTESINO, MANNY  
STREET ADDRESS 135 MANSEAU DRIVE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE TD ☐ DELETE

NAME OVERSTREET, TRACY  
STREET ADDRESS 1840 15TH CT., N.W.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE DS ☐ DELETE

NAME PFINGSTON, ROBERT  
STREET ADDRESS 506 LITTLE LAKE COURT  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME SWOFFORD, RODNEY W.  
STREET ADDRESS 203 KEYSTONE RD.  
CITY-ST-ZIP AUBURNDAL FL

TITLE VD ☒ DELETE

NAME OVERSTREET, KENNETH  
STREET ADDRESS 107 ARIETTA SHORES DR.  
CITY-ST-ZIP AUBURNDAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition

1.2 NAME CLarence Allison  
1.3 STREET ADDRESS 105 Homewood Drive  
1.4 CITY-ST-ZIP Winter Haven, Fl. 33880

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DS ☒ Change ☐ Addition

4.2 NAME Pfingston, Robert  
4.3 STREET ADDRESS 4518 Redwood Street  
4.4 CITY-ST-ZIP Winter Haven, Fl. 33880

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941-294-5710

Daytime Phone #

CR2E037 (1/98)