SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -5 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711567** **(8)**

1. Corporation Name
CALVARY COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24351 TAMPA FL 33623	P.O. BOX 24351 TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1966**
3a. Date of Last Report: **09/09/1994**
4. FEI Number: **59-1581424** ☐ 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 ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LINDSTROM, HANK, DR.
3010 DELEON STREET
TAMPA FL 33609

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 Dr. Hank Lindstrom DR HANK LINDSTROM 6/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDSTROM, HANK, DR.	1.2 NAME	700025570057--6
STREET ADDRESS	3010 DELEON ST	1.3 STREET ADDRESS	-06/11/98--01087--007
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	****420.00 ****420.00
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	POLSON, JAMES	2.2 NAME	
STREET ADDRESS	7104 NORTHBRIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PASTERNACK, STEFAN	3.2 NAME	
STREET ADDRESS	5456 PENTAIL CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, DOUG	4.2 NAME	**REINSTATEMENT** 95-91
STREET ADDRESS	17112 LAKE JAMES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	IRVINE, DONALD	5.2 NAME	
STREET ADDRESS	4609 BAYSHORE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(k), 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: Dr. Hank Lindstrom DR. HANK LINDSTROM 4/27/98 813-884-4328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #