

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713563 (5)
1. Corporation Name
CALVARY BAPTIST CHURCH, INC.



Principal Place of Business: **631 S. DILLARD STREET WINTER GARDEN FL 34787**
Mailing Address: **631 S. DILLARD STREET WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified: **06/26/1953**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-0969189**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEMP, DR. REYNOLD G.
270 TEMPLE GROVE DR
WINTER GARDEN FL 32787**

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: Register Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VTD NAME: MOSES, DAVID STREET ADDRESS: 302 PENN. AVE. CITY-ST-ZIP: WINTER GARDEN FL	<input checked="" type="checkbox"/> DELETE	1. TITLE: VTD 1. NAME: JIM BISHOP 1. STREET ADDRESS: 242 JAMES DR. 1. CITY-ST-ZIP: WINTER GARDEN, FL 34787
TITLE: PD NAME: LEMP, REYNOLD STREET ADDRESS: 270 TEMPLE GROVE DRIVE CITY-ST-ZIP: WINTER GARDEN FL	<input type="checkbox"/> DELETE	2. TITLE: SD 2. NAME: JERRY RIVENBURG 2. STREET ADDRESS: 1001 ALDANE CT. 2. CITY-ST-ZIP: OCOOE, FL 34761
TITLE: SD NAME: TURNER, CRAIG STREET ADDRESS: 971 GLENVIEW CIRCLE CITY-ST-ZIP: WINTER GARDEN FL	<input checked="" type="checkbox"/> DELETE	3. TITLE: _____ 3. NAME: _____ 3. STREET ADDRESS: _____ 3. CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4. TITLE: _____ 4. NAME: _____ 4. STREET ADDRESS: _____ 4. CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5. TITLE: _____ 5. NAME: _____ 5. STREET ADDRESS: _____ 5. CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6. TITLE: _____ 6. NAME: _____ 6. STREET ADDRESS: _____ 6. CITY-ST-ZIP: _____

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Reynold G. Lemp** 2-6-96 407-656-3001
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)