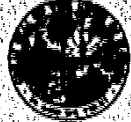


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
APPROPRIATE NOTICE MUST BE GIVEN TO MEMBERS AND CREDITORS PRIOR TO DISSOLUTION.

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 10 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 716756 (2)

1. Corporation Name
CALVARY BAPTIST CHURCH OF BRADENTON, INC.

Principal Place of Business Mailing Address
 3006 9TH AVENUE WEST 3006 9TH AVENUE WEST
 BRADENTON FL 34205 BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1969	3a. Date of Last Report 06/28/1994
4. FEI Number 59-0737861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HAMRICK, MICHAEL
7002 23RD AVE., W.
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CT
NAME	SMILDE, JOHN
STREET ADDRESS	1216 62ND ST NW
CITY-ST-ZIP	BRADENTON FL
TITLE	T
NAME	BROWN, GEORGE
STREET ADDRESS	7611 27TH AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	T
NAME	ABLE, DAN J
STREET ADDRESS	5508 2ND AVE DR W
CITY-ST-ZIP	BRADENTON FL
TITLE	S
NAME	MILLER, ALICE J
STREET ADDRESS	2508 22 AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	VD
NAME	HUTH, JOHN
STREET ADDRESS	7019 18TH AVE. DR. NW
CITY-ST-ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony Nicosia
2.3 STREET ADDRESS	2004 48th At. W.
2.4 CITY-ST-ZIP	Bradenton, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Henry Bandstra
5.3 STREET ADDRESS	3112 52nd Ave. Dr. W.
5.4 CITY-ST-ZIP	Bradenton, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: Alice J. Miller **6/28/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (3/95)