

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **716756** (2)  
1. Corporation Name  
**CALVARY BAPTIST CHURCH OF BRADENTON, INC.**



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

3. Date Incorporated or Qualified: **06/17/1969**  
3a. Date of Last Report: **07/10/1995**

|   |                         |   |   |
|---|-------------------------|---|---|
| 21. Principal Place of Business                 | 2a. Mailing Address     | 4. FEI Number<br><b>59-0737861</b>  | Applied For<br><input type="checkbox"/> |
| 22. Suite, Apt. #, etc.                         | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>   |
| 23. City & State                                | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>      |
| 24. Zip   | 25. Country             | 29. Zip   | 30. Country                             |
| 9. Name and Address of Current Registered Agent |                         | 10. Name and Address of New Registered Agent                                    |   |

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

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                      |  |
|---|--|
| TITLE: <b>CT</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME: <b>SMILDE, JOHN</b>                       |  |
| STREET ADDRESS: <b>1216 62ND ST NW</b>          |  |
| CITY-ST-ZIP: <b>BRADENTON FL</b>                |  |
| TITLE: <b>T</b>                                 | <input type="checkbox"/> DELETE            |
| NAME: <b>NICOSIA, ANTHONY</b>                   |  |
| STREET ADDRESS: <b>2004 48TH AT. W</b>          |  |
| CITY-ST-ZIP: <b>BRADENTON FL</b>                |  |
| TITLE: <b>T</b>                                 | <input type="checkbox"/> DELETE            |
| NAME: <b>ABLE, DAN J</b>                        |  |
| STREET ADDRESS: <b>5508 2ND AVE DR W</b>        |  |
| CITY-ST-ZIP: <b>BRADENTON FL</b>                |  |
| TITLE: <b>S</b>                                 | <input type="checkbox"/> DELETE            |
| NAME: <b>MILLER, ALICE J</b>                    |  |
| STREET ADDRESS: <b>2508 22 AVE W</b>            |  |
| CITY-ST-ZIP: <b>BRADENTON FL</b>                |  |
| TITLE: <b>T</b>                                 | <input type="checkbox"/> DELETE            |
| NAME: <b>BANDSTRA, HENRY</b>                    |  |
| STREET ADDRESS: <b>3112 52ND AVENUE DRIVE W</b> |  |
| CITY-ST-ZIP: <b>BRADENTON FL</b>                |  |
| TITLE: <b>T</b>                                 | <input type="checkbox"/> DELETE            |
| NAME: <b>Scott Boyers</b>                       |  |
| STREET ADDRESS: <b>297 23rd St. W</b>           |  |
| CITY-ST-ZIP: <b>BRADENTON, FL 34205</b>         |  |

| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE <b>CT</b>                                   | <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" 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)(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: Alice J Miller Date: 4-18-96 Daytime Phone #: 747-1859

CR2E037 (12/95)