


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90006 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 716756

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 |
|---|---|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/17/1969 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-0737861 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|----------------|
| 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 | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, ALICE J | 1.2 NAME | |
| STREET ADDRESS | 2508 22 AVE W | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUIT, NICK | 2.2 NAME | |
| STREET ADDRESS | 107 50TH ST NW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34209 | 2.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOYLES, SCOTT | 3.2 NAME | TRUSTEE |
| STREET ADDRESS | 207-23RD ST W | 3.3 STREET ADDRESS | John Smilde |
| CITY-ST-ZIP | BRADENTON FL | 3.4 CITY-ST-ZIP | 9108 17th Dr NW |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTH, CHRISTIAAN | 4.2 NAME | |
| STREET ADDRESS | 7215 6TH AVE NW | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34205 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* **SIGNATURE REQUIRED** Alice J Miller Date: 3-15-99 Daytime Phone #: 941-747-1859

CR2E037 (1/198)