FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:15

DOCUMENT # 730285 (4)

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INCORPORATED, O F SARASOTA, FLORIDA

Principal Place of Business	Mailing Address
1900 MEADOWOOD STREET SARASOTA FLORIDA 34231	1900 MEADOWOOD STREET SARASOTA FLORIDA 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1974
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-6134244 ☐ Applied For ☐ Not Applicable

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

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 ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CATON, BERNARD
4630 CLASSIQUE DR.
SARASOTA FL 34243

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	CATON, BERNARD	1.2 NAME	
STREET ADDRESS	4630 CLASSIQUE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CLEMENTS, WALLACE	2.2 NAME	NO CHANGES
STREET ADDRESS	3249 RESTFUL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MARKLAND, MILDRED	3.2 NAME	
STREET ADDRESS	3029 BAHIA VISTA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KING, DAVID	4.2 NAME	
STREET ADDRESS	627 PINE SHORES	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, ELSIE	5.2 NAME	
STREET ADDRESS	8635 MIDNIGHT PASS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN	6.2 NAME	
STREET ADDRESS	6200 S. TAMIAMI TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	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)(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.

SIGNATURE: Mildred Markland 2-3-95 813 924-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mildred Markland

0063240